



VCA Animal Emergency Hospital Southeast

10331 Gulf Freeway, Houston, TX 77034

713-941-8460

FAMILY VETERINARIAN _____ VCA VETERINARIAN _____ CLIENT ID _____ PET ID _____

NAME (yours) _____ DATE _____ TIME IN _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

EMAIL _____ EMPLOYED BY _____

PET'S NAME _____ DOG CAT OTHER _____ BREED _____

AGE (DOB) _____ MALE FEMALE NEUTERED SPAYED UNALTERED COLOR _____

REASON FOR VISIT: _____

RELEASE/CONSENT FORM: I, THE UNDERSIGNED DO HEREBY CERTIFY THAT I am the owner, or assuming responsibility, financial or otherwise, for the animal being presented to VCA Animal Emergency Hospital Southeast for treatment and care. I hereby consent and authorize the emergency hospital to receive, prescribe for or treat, as indicated, this animal. It is thoroughly understood that I assume all risks.

I understand there is an initial emergency exam & consultation fee _____, that it does not include any treatment, diagnostic testing or medications and that payment is due in full at the time of service.

I agree to pick up my animal at the designated time specified by the attending veterinarian. Abandonment does not relieve me from paying all costs incurred by VCA Animal Emergency Hospital Southeast, including costs of providing necessary medical treatment, food and shelter.

PAYMENT INFORMATION: Payment is due in FULL when services are rendered. We are unable to offer payment plans of any kind. We do accept the medical spending card Care Credit. If needed, please ask the receptionist for information on how to apply.

I will make the payment using the following:

- CASH MASTERCARD VISA AMEX DISCOVER ATM/DEBIT CARE CREDIT (Credit/Debit transactions require proper identification.)

DOWN PAYMENTS: Once the doctor has seen your pet you will be provided a treatment plan with estimated costs. REMEMBER: This is only an estimate. Once you approve a treatment plan, you will be asked to provide an initial down payment of 75-100% of the estimated cost prior to any diagnostics or treatments. If you have given a down payment already for the diagnostics, and your pet is to be hospitalized for further care, an updated treatment plan with estimated costs will be provided to you. An additional down payment will be required. Any remaining balance is due when the patient is picked up.

I authorize the release of my pet's entire medical records to the referring veterinarian and _____

I have read the foregoing and agree: Signature _____

MEDICAL and ENVIRONMENTAL QUESTIONNAIRE

Is your pet housed:..... Indoors Outdoors Both

Is your pet current on vaccines? Yes No _____

Is your pet on heartworm preventative? Yes No Type: _____

Has a heartworm test been performed in the last year? Yes No Negative Positive _____

Is your pet on flea preventative? Yes No Type: _____

Has your pet ever experienced a seizure? Yes No _____

Are there any known drug or vaccine allergies? Yes No _____

Has your pet been exposed to other animals recently? Yes No _____

Has your pet experienced a change in weight recently? Yes No _____

Has your pet traveled or been boarded recently? Yes No _____

Has your pet been exposed to garbage or known toxins? .. Yes No _____

Does your pet get treats or human food?..... Yes No _____

Does your pet chew on toys, rawhides, pig ears, etc.?..... Yes No _____

When was your pet last fed? _____ Did they eat? Yes No Normal Diet _____

Circle the following symptoms your pet has experienced at least once in the last few days and explain:

Vomiting.... Diarrhea.... Constipation.... Appetite Increase/Decrease ... _____

Urinary Problems..... Urination Increase/Decrease..... _____

Breathing Problems..... Coughing..... Sneezing..... _____

Pain..... Swelling..... Limping..... _____

Licking..... Chewing..... Area Of Excess Interest..... _____

RECENT TREATMENTS & CURRENT MEDICATIONS: _____

DOWN PAY. \$ _____ TYPE _____ INIT. _____ DOWN PAY. \$ _____ TYPE _____ INIT. _____ DOWN PAY. \$ _____ TYPE _____ INIT. _____

TOTAL \$ _____ BALANCE \$ _____ TYPE _____ INITIALS _____ DATE/TIME OUT _____