

Animal Emergency Care Center . 20051-D Ventura Blvd., Woodland Hills . 818-887-2262

Authorization for Emergency Medical Treatment

I understand that my pet is in need of immediate medical treatment. My signature below authorizes medical treatment and procedures necessary to improve his/her chances for survival and/or to prevent further deterioration of his/her condition. By signing below, I understand and agree to pay for these services at the time services are rendered, regardless of the outcome. I understand that failure to pay will result in my account incurring additional fees, including interest and costs associated with collection.

CLIENT INFORMATION

LAST NAME (PET OWNER)	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS	CITY, STATE	ZIP
TELEPHONE (HOME)	TELEPHONE (CELL PHONE)	WORK PHONE
LAST NAME RESPONSIBLE PARTY (OTHER THAN OWNER)	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS	CITY, STATE	ZIP
TELEPHONE (HOME)	TELEPHONE (CELL PHONE)	WORK PHONE

ANIMAL INFORMATION

NAME	BREED/SPECIES	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CURRENT VACCINATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	NEUTERED OR SPAYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	PET AGE: COLORS
MEDICATIONS CURRENTLY TAKING:	PRE-EXISTING MEDICAL CONDITIONS:	
REGULAR VETERINARIAN OR HOSPITAL:		
NATURE OF EMERGENCY:		
WHEN DID YOU FIRST NOTICE?		
DRIVER'S LICENSE #	STATE	HOW DID YOU HEAR ABOUT US?

I HAVE READ & UNDERSTAND THE ABOVE

SIGNATURE:	DATE:	TIME:
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