



WELCOME TO OUR PRACTICE!

We appreciate you giving us the opportunity to care for your pet.

Please take the time to fill in this form completely. Thank you!

We accept the following forms of payment: CASH, PERSONAL CHECK, CARE CREDIT, MASTER CARD, VISA, & DEBIT CARDS.

WE DO NOT ACCEPT PAYMENT PLANS OR AMEX OR DISCOVER CARDS

Owner's Name: _____ Spouse/Other: _____

Address: _____ City: _____ Zip: _____

Owner's Drivers License# (for prescriptions): _____ Expiration Date: _____

Owner's date of birth (for prescriptions): _____ Pet Insurance Carrier: _____

Cellular Phone: _____ Home Phone: _____ Work Phone: _____

Spouse/Other Phone: _____ Email Address: _____

Preferred form of contact: Email___ Text___ Phone Call___ Mail___ Other_____

Emergency Contact Name: _____ Emergency Phone: _____

May we use photos of your pet(s) for educational/promotional purposes? Yes_____ No_____

Where did you obtain our phone number: _____

Name of Pet: _____ Dog  Cat  Other: _____

Breed: _____ Color: _____ Date of Birth: _____

Male Neutered Male Female Spayed Female Microchip # _____

Name of Pet: _____ Dog  Cat  Other: _____

Breed: _____ Color: _____ Date of Birth: _____

Male Neutered Male Female Spayed Female Microchip # _____

***EMERGENCY PATIENTS ONLY: WHO IS YOUR REGULAR VETERINARY HOSPITAL? _____**

Please note patients with regular veterinarians: ECVH will not provide any general services without the consent of your referring veterinarian other than requested ER services.

***I agree that I will not seek or try to obtain general veterinary services from ECVH _____ (initial).**

^^Our Hospital policy states that we send all medical records to your referring veterinarian please check this box if you do not want us to send your pet's medical records to your referring veterinarian:

Emergency clients - If you need to return, you will pay the applicable exam charges stated below _____ (initial).

I agree and understand that I am financially responsible for the examination fee. A written treatment plan for all services beyond the examination will be provided. **Please initial the applicable fee below.**

- Monday – Sunday Scheduled Appointment - \$46.44 _____
- Emergency Exam Fee 8am to 6pm - \$100 _____
- Emergency Exam Fee 6pm to 8am - \$120 _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED; any balance that is turned over to our collection agency will incur an annual 10% fee for the unpaid balance. Also, to prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free of internal and external parasites. The signature below acknowledges these statements and authorizes appropriate charges.

Signature of responsible agent for pet(s): _____ Date: _____