Client Information

Owner Name:_____ Co-Owner/Spouse Name:_____

Home Address:_____

City:_____ State:_____ Zip:_____ **Email Address**:_____

Call 1st - Phone #:_____ circle one: (<u>Owner</u> – cell / home / work) (<u>Co-Owner</u> – cell / home / work)

Secondary Phone #:_____ circle one: (<u>Owner</u> – cell / home / work) (<u>Co-Owner</u> – cell / home / work)

Driver's Lic#_____ DOB:_____ Employer:_____

Social Security #_____

   We must collect Driver's License, employment information and S.S.# for collection purposes. We also require a photocopy of your license

Patient Information

Patient Name:_____ Dog _____ Cat_____ Breed:_____

Circle One: Male/Intact   Male/Neutered   Female/Intact   Female/Spayed

Birth Date/Age:_____ Color:_____ Are Vaccinations Current?   Y / N

Reason for Referral (primary complaint):_____

Please list any of your pet's drug allergies or special problems that we should know about:

_____

Who is your primary veterinarian? _____

Had you heard about our hospital prior to this referral? Yes_____   No_____   If yes, how:_____

Did you bring (or mail in) X-rays and/or medical records from your veterinarian? Yes_____   No_____

Photography Release Form

Memphis Veterinary Specialists and Emergency uses public social media forms, as well as other digital and print media to promote pet health, educate the community about our services, and share the faces and stories of our beloved patients. Do you consent to having your pet's photo(s), first name, and medical information shared on our public social media forums, digital media and print media for those purposes?   ☐ Yes   ☐ No

Payment Information

   I understand that I am financially responsible to Memphis Veterinary Specialists & Emergency for charges. I understand that payment is due in full at the time services are rendered. I agree to pay all interest, collection, legal, attorney or court fees in the event it becomes necessary to pursue the account for collection. If your account is placed with a collection agency, a collection-fee of up to 33.3% may be added to your account and shall become a part of the Total Amount Due. We accept cash, checks, major credit cards and Care Credit. TeleCheck authorizes all checks. When you provide a check as payment, you authorize us to use information from your check to process a one-time payment Electronic Funds Transfer (EFT), a draft drawn from your account or to process the payment as a check transaction. Unless specifically requested, all pets needing emergency care while staying in our hospital will be treated until the owner/agent can be contacted.

_____   _____

Owner/Agent Signature (must be over 18 years of age)   **Date**