



I assume financial responsibility for all charges incurred to this patient. If I am not the owner of the animal, I represent that I have been given authority by the owner to obtain medical and/or surgical treatment for this patient, and to incur charges for its care. I understand that payment in full is due at the time I pick up my animal, or at the time service is provided. I understand that if payment in full is not made in accordance with this agreement, I will incur a late charge of 1.5% per month on the outstanding balance. Animal Emergency Critical Care Associates may also recover reasonable collection costs, attorney's fees and court costs incurred as a result of my failure to pay in accordance with this agreement. Animal Emergency Critical Care Associates is dependent upon the payment of these fees to maintain our high quality patient care. Animal Emergency Critical Care Associates **does not bill**. I consent to the release of medical information pertaining to this patient.

**Signature of Owner/Responsible Agent:** \_\_\_\_\_

**Name of Owner/Responsible Agent:** \_\_\_\_\_

**Date and Time:** \_\_\_\_\_

**Signature of AECCA Personnel:** \_\_\_\_\_

### **PET'S INFORMATION**

**Pet's Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **DOB(Age):** \_\_\_\_\_

**Presenting Problem:** \_\_\_\_\_

**Sex:** Male  Female  Neutered  Spayed  Intact

**Species:** Canine  Feline  Avian  Rabbit  Ferret  Reptile  Other \_\_\_\_\_

**Vaccination Status (Check if Current)**

**Canine / Dog:** "Distemper"  Parvo  Rabies  Lyme  Bordetella   
Date of last vaccinations: \_\_\_\_\_ **Is your dog on Heartworm Preventative?** Yes  No   
If so, what type? \_\_\_\_\_

**Feline / Cat:** "Distemper"  Rabies  Feline Leukemia  Date of last vaccinations: \_\_\_\_\_  
**Is your cat on Heartworm Preventative?** Yes  No  If so, what type? \_\_\_\_\_

**Ferrett:** "Distemper"  Rabies  Date of last vaccinations: \_\_\_\_\_

**Avian / Bird:** Has your bird ever been tested or vaccinated for anything? Yes  No   
If so, what? \_\_\_\_\_ When? \_\_\_\_\_

**KNOWN MEDICAL PROBLEMS (e.g. allergies, seizures, Diabetes Mellitus) :** \_\_\_\_\_

**CURRENT MEDICATIONS:** \_\_\_\_\_

**ALLERGIES to MEDICATIONS:** \_\_\_\_\_

**PET'S FAMILY VETERINARY HOSPITAL:** \_\_\_\_\_

**PET'S FAMILY VETERINARIAN:** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US? (Please check one)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Referred by a veterinarian or hospital | <input type="checkbox"/> Yellow Pages   | <input type="checkbox"/> Community Phone Book |
| <input type="checkbox"/> Hospital Sign                          | <input type="checkbox"/> Previous Visit | <input type="checkbox"/> Referral by a friend |

**Please Indicate Your Preferred Method of Payment:**

- Cash, Travelers Checks, Money Order
- Personal Check (only with ID)
- VISA, MasterCard, Discover, AMEX

Animal Emergency Critical Care Associates, 165 Fort Evans Rd, Leesburg, VA 20176