



Waco Animal Emergency Clinic, LLC

3901 Jack Kultgen Freeway (I35)
Waco, Texas 76706 • 254.752.6100

Date _____ Dr. _____

Staff _____ Time _____

DIRECTIONS: PLEASE FILL OUT ALL INFORMATION

OWNER'S LAST NAME	FIRST NAME	MIDDLE INITIAL	HOME PHONE
STREET ADDRESS			WORK PHONE
CITY	STATE	ZIP CODE	TEXAS DRIVER'S LICENSE NO.
EMPLOYER	FAMILY VETERINARIAN		DOG <input type="checkbox"/> CAT <input type="checkbox"/> OTHER <input type="checkbox"/>

NO BILLING IS ALLOWED. SHOULD YOUR PET REQUIRE HOSPITALIZATION, A DEPOSIT IS REQUIRED. THE BALANCE IS TO BE PAID AT THE TIME OF PATIENT DISCHARGE.

AUTHORIZATION FOR MEDICAL, AND/OR SURGICAL TREATMENT.

I hereby authorize the doctor on duty (and assistants the doctors may designate) to administer treatment as is considered therapeutically and/or diagnostically necessary on the basis of findings during the course of said evaluation. I also consent to the administration of such anesthetics as necessary and surgical procedures of an emergency nature.

I hereby certify that I have read and fully understand the above authorization for medical and/or surgical treatment. I assume financial responsibility for all charges incurred to patient, consent to release of medical information, and authorize direct payment to Waco Animal Emergency Clinic, LLC.

If hospitalized, I understand that emergency patients must be removed from the clinic daily by 7:30 a.m. Those received on Saturday afternoon or Sunday may, if necessary, be held until Monday at 7:30 a.m. I realize if animal is left here more than 72 hours it will be considered abandoned and will be disposed of as Waco Animal Emergency Clinic, LLC deems appropriate.

Planned Method of Payment: CASH CHECK CREDIT CARD CARE CREDIT

Signature of Owner of Responsible Agent _____

PET'S NAME _____

BREED _____

COLOR _____

AGE _____

SEX _____ NEUTERED YES NO

CHECK IF VACCINATED FOR THE FOLLOWING IN LAST YEAR:

DOG: RABIES DISTEMPER PARVO
ON HEARTWORM PREVENTATIVE?

CAT: RABIES DISTEMPER / URI
LEUKEMIA
ON HEARTWORM PREVENTATIVE?

ALLERGIES: _____

Presenting Complaint: _____

Temp. _____ CRT _____ Pulse _____ M/M Color _____ Wt. _____

1) INTEGUMENTARY	2) MUSCULO SKELETAL	3) CIRCULATORY	4) RESPIRATORY	5) DIGESTIVE	6) GENITO URINARY	7) EYES	8) EARS	9) NEURAL SYSTEM	10) LYMPH NODES
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Discharge Instructions: _____

Veterinarian's Signature: _____ Fax Date: _____ Time: _____