



# Animal Emergency Center, Inc.

7220 E. 41st Street Tulsa, OK 74145

(918) 665-0508

## Patient Admission Form

PLEASE PRINT, FILL IN ALL INFORMATION BOXES COMPLETELY

Owner's Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell/Pager) \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Required)

Place of Employment: \_\_\_\_\_ Spouse Employment: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Dog  Cat  Other

Breed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Color: \_\_\_\_\_ Date of Last Vaccinations: \_\_\_\_/\_\_\_\_ (month and year)

Sex: (circle one) Male Female Spayed  Neutered  Intact

### Method of Payment (Required)

Credit/Debit Card: Number \_\_\_\_\_ Exp: \_\_\_\_\_  Visa  M/C  Discover  AMEX  
 Cash  Check Check Acceptance Policy: Checks are only accepted with proof of ID (valid driver's license) and SSN and must be presented by the person whose name appears on the account. No temporary checks will be accepted. Returned checks will be assessed a \$25.00 returned check fee.

### Authorization and Release for Medical and/or Surgical Care

I, the undersigned as owner and/or agent of the above animal, do hereby authorize the veterinarians of the Animal Emergency Center and such persons as they designate as their aids and assistants to administer to the patient such diagnostic, therapeutic, anesthetic and/or surgical procedures as they deem necessary for the care of said animal. I hereby certify that I have read and fully understand the above authorization. I also certify that no guarantee or assurance has been made as to results that may be obtained and I completely release any staff veterinarian, their aides, assistants, and the Animal Emergency Center, Inc. from any and all liability due to death, loss or any decline in condition of my animal while under their care. I also understand and agree to the terms of payment: ALL FEES ARE DUE AND PAYABLE AT THE TIME SERVICES ARE RENDERED.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

CHECK IN TIME: \_\_\_\_\_ am/pm

Computer updated