



**Veterinary Emergency Services**  
**P.O. Box 557, Verona, VA 24482-0557**  
**Phone (540)248-1051 Fax (540)248-1052**

**Arrival Time:** \_\_\_\_\_

**OWNER:**

Have you been to this hospital before: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ P O Box: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Spouse's Phone \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Regular Veterinarian: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

We keep in touch with our clients by: Text, Email or Phone Calls - Which number should we use: \_\_\_\_\_

**PATIENT:**

Name: \_\_\_\_\_

Dog ( ) Cat ( ) Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: Male ( ) Female ( ) Neutered/Spayed? Yes ( ) No ( ) Age: \_\_\_\_\_ Weight (by our staff) \_\_\_\_\_

Reason for this visit: \_\_\_\_\_

Allergies, special problems, medications: \_\_\_\_\_

Is Rabies Vaccine Up to Date: \_\_\_\_\_

We keep in touch with our clients by: Text, Email or Phone Calls - Which number should we use: \_\_\_\_\_

**HOSPITAL CONSENT FORM**

I am the owner or agent of the owner of the above-described animal (s) and have the authority to execute this consent. I hereby consent and authorize performance of the procedures or operations as explained to me by Veterinary Emergency Services. **I understand that no one under the age of 18 can authorize services.**

**EMERGENCY VETERINARY PROCEDURES**

I understand that during the performance of the foregoing procedure (s) or operation (s), unforeseen conditions may be revealed that necessitate an extension of foregoing procedure (s) or operation (s) or different procedure (s) or operation(s) than those set above. Therefore, I hereby consent to and authorize the performance of such procedure (s) or operation (s) as are necessary and desirable in the exercise of the veterinarian's professional judgment. I authorize the use of appropriate anesthetics and other medication and I understand hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure (s) or operation (s) and the risks involved. I realize that results cannot be guaranteed.

**PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED**

Which method of payment will you be using: Cash \_\_\_\_ MC/Visa \_\_\_\_ Discover \_\_\_\_ American Express \_\_\_\_

Carecredit \_\_\_\_ **We do not accept checks.**

If my account becomes delinquent, I understand that I am responsible for all expenses, including an interest charge of 18% on the unpaid balance, attorney fees and all court costs.

I have read and understand the foregoing. I authorize and consent to the treatment required and the terms contained herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff: \_\_\_\_\_