

Client Information Form
Animal Emergency and Specialty Care (AESC) * 739 Warren Avenue * Portland, ME 04103

Arrival Time: _____

Owner

Name: _____
Address: _____
City, State, Zip _____
Primary Phone: (_____) _____
Cell Phone: (_____) _____
Work Phone: (_____) _____
Occupation: _____
Employer: _____

Co-Owner / Authorized Agent

Name: _____
Address: _____
City, State, Zip _____
Primary Phone: (_____) _____
Cell Phone: (_____) _____
Work Phone: (_____) _____
Occupation: _____
Employer: _____

Pet Information

Pet's Name: _____
Dog _____ Cat _____ Other _____
Breed _____ Color _____
Date of Birth/Age: _____
Male _____ Neutered _____
Female _____ Spayed _____
Is Your Cat? Indoor _____ Outdoor _____ Both _____

Vaccine History (Please Circle)

Date

Rabies: Up to date / Not up to Date _____
Distemper: Up to date / Not up to Date _____
Lyme: (**dogs only**) Up to date / Not up to Date _____
Leukemia: (**cats only**) Up to date / Not up to Date _____

List of Health Conditions: _____

List of Pet's Medications: _____

***Your pet may be photographed while in our care. May we use your pet's photo on our website or Facebook page? _____

Regular Veterinary Clinic _____ Have you ever been to AESC before? Yes / No
Reason for today's visit _____ When did this start? _____

Method of Payment: ****AESC does not allow billing; payment is due at time services are rendered****

Cash _____ Visa/MC _____ Discover _____ Care Credit _____ Check _____

Check Policy: Animal Emergency and Specialty Care requires a Date of Birth, Social Security Number & Drivers

License for all personal check payments. No third party or business checks are accepted. If you decline to provide any information, you will need to choose an alternative payment method. Checks are processed by electronic fund transfer.

Driver's License # / State _____ Social Security# _____ Date of Birth _____

Authorization

I (owner or authorized agent for the owner) hereby authorize Animal Emergency and Specialty Care veterinarians and staff to examine, prescribe for, and treat the pet described above. Further I understand:

- That no guarantee of successful treatment is either made or implied.
- No assurance or guarantee has been made of the results of sedation, anesthesia, surgery and/or treatment and the probabilities of complications exist in any sedation, anesthesia, surgery and/or medical treatment.
- I assume full responsibility for all charges incurred in the care of said animal and understand all fees must be paid in full upon completion of services and prior to discharge of the animal from the Animal Emergency and Specialty Care.
- Should said animal have to be hospitalized or should a surgical procedure be performed, a deposit amounting to 50% of the high end of the estimated fees is required for ALL surgeries and hospitalized patients.

Please Note: If for any reason you are unable to pay your account in full and your account is sent to collection, the Animal Emergency and Specialty Care reserves the right to add 50% of the balance due to your account.

Flea Policy:

Animal Emergency and Specialty Care reserves the right to treat any pet presented with fleas with an oral medication to treat the immediate situation. You will be charged for this treatment.

Owner Signature: _____ Date: _____

Co-Owner / Authorized Agent Signature: _____ Date: _____