



**+ The Pet Emergency Room**

## Registration Form Please print clearly

### OWNER INFORMATION

Circle one

Mr. Mrs. Ms. Dr. Last Name \_\_\_\_\_ Name \_\_\_\_\_

Spouse or Significant Other's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Place of Employment \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Mobile Phone ( ) \_\_\_\_\_

Work Phone Number ( ) \_\_\_\_\_ Email \_\_\_\_\_

Would you like to receive our quarterly e-newsletter?  YES  NO

### PET INFORMATION

Pet's Name \_\_\_\_\_ Date of Birth (if not known, approximate age) \_\_\_\_\_

Dog  Cat Breed \_\_\_\_\_ Color \_\_\_\_\_

Male  Female Neutered or Spayed?  YES  NO

How did you hear about us:

<input type="radio"/> Referring Dr. _____	<input type="radio"/> Friend _____		
<input type="radio"/> Yellow Pages	<input type="radio"/> Yellow Pages.com	<input type="radio"/> Google Search	<input type="radio"/> Yelp
<input type="radio"/> Postcard	<input type="radio"/> Church Bulletin	<input type="radio"/> Newspaper Ad	<input type="radio"/> Billboard
<input type="radio"/> Facebook / link	<input type="radio"/> Twitter / link	<input type="radio"/> Other _____	

Regular Veterinarian's Name \_\_\_\_\_ Hospital / Clinic Name \_\_\_\_\_

Referring Veterinarian (if different than regular Veterinarian) \_\_\_\_\_

Reason for Referral (if known) \_\_\_\_\_

Please be advised that by signing below you will be responsible for an office visit/emergency fee. All other fees and/or charges will be additional. If your family member is staying for any amount of time or will be undergoing diagnostic testing, you will also be responsible for leaving a deposit for the low end of the estimate provided to you before you leave. If your pet is in a life threatening emergency and needs immediate care in which the Doctor must tend to your loved one and cannot speak with you until the initial diagnostic and treatments are completed, please be advised that the cost of those initial treatments and diagnostics may range between \$300-\$500. Payment methods are cash, credit, debit card or Carecredit. WE DO NOT ACCEPT CHECKS.

Owner Signature X \_\_\_\_\_

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