



3511 Pacific Coast Highway, Suite A  
 Torrance, CA 90505  
 310-325-3000 Fax: 310-257-0900  
[www.aercvet.com](http://www.aercvet.com)

DATE : \_\_\_\_\_

TIME : \_\_\_\_\_

OPEN 24 HOURS

Last Name		First	Spouse		Home Phone
Address		Unit #	City, State, Zip		Cell Phone
Employer		Client Date Of Birth		E-mail	Work Phone
Pet's Name			Species		Breed
<input type="checkbox"/> Male	Sex <input type="checkbox"/> Female	Neutered / Spayed <input type="checkbox"/> Yes <input type="checkbox"/> No		Patient Age	Entering Complaint
Your Family Veterinarian		Under Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No		Treatment	RDVM Radiographs <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Family Veterinarian's Hospital			Does Your Pet Have Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Pet Insurance Provider Name / Policy #
Where did you hear about us? <input type="checkbox"/> My Vet <input type="checkbox"/> Friend/Family <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Been here before <input type="checkbox"/> Yelp <input type="checkbox"/> Website/Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Pet Store <input type="checkbox"/> Saw Sign <input type="checkbox"/> Other					

**AUTHORIZATION FOR EXAMINATION**

I hereby authorize my pet to be examined by the Doctor on Duty at Animal Emergency Referral Center. I understand that I will be charged an \$105.00 emergency exam fee.

X \_\_\_\_\_  
 SIGNATURE OF OWNER OR RESPONSIBLE AGENT WITNESS

**AUTHORIZATION FOR MEDICAL AND SURGICAL TREATMENT**

I, the undersigned, owner of the admitted patient, hereby authorize the Doctor on Duty at Animal Emergency Referral Center (and whomever s/he may designate as his/her assistant (s) to administer such treatment as is necessary, and to perform surgical procedures and such additional medical procedures as are 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 are necessary.

I hereby certify that I have read and fully understand the above Authorization for Medical and/or Surgical Treatment, the reasons why the above named surgery is considered necessary, it's advantages and possible complications, if any, as well as possible alternative modes of treatment, which were explained to me by the Doctor on Duty at Animal Emergency Referral Center at time services are rendered. I also certify that no guarantee or assurance has been made as to the results that may be obtained at time services are rendered. Further, I assume financial responsibility for all charges incurred to patient, consent to release of Medical Information, and Authorize full direct payment to the Animal Emergency Referral Center at time services are rendered.

X \_\_\_\_\_  
 SIGNATURE OF OWNER OR RESPONSIBLE AGENT WITNESS

**AUTHORIZATION FOR EMERGENCY TREATMENT**

I hereby authorize, consent and direct the Animal Emergency Referral Center to perform heroic and lifesaving procedures on my pet. I understand the Doctor on Duty will speak with me as soon as possible; to inform me of my pet's condition, but immediate treatment is necessary.

I understand that the estimate for these emergency procedures is \$600.00-\$800.00. Once stable, additional treatment may be necessary; the doctor will provide a written estimate prior to performing any additional procedures. By my signature, I consent to this emergency estimate and agree to pay the charges in full at the time services are rendered.

X \_\_\_\_\_  
 SIGNATURE OF OWNER OR RESPONSIBLE AGENT WITNESS

**Pharmacy Notification**

I acknowledge that I have the right to elect the pharmacy of my choice if a prescription needs to be filled for my pet.

X \_\_\_\_\_  
 SIGNATURE OF OWNER OR RESPONSIBLE AGENT WITNESS

Release Patient to:

X \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_  
 SIGNATURE OF OWNER OR RESPONSIBLE AGENT

ADM. DVM Check In Technician/Reception DISCH. DVM Check Out Technician/Reception

**Intravet** : \_\_\_\_\_