



Animal Emergency Clinic, P.A.

393 Woods Lake Road • Greenville, SC 29607
Phone (864) 232-1878 • Fax (864) 271-9378

Client/Patient Registration

PLEASE TURN OFF ALL CELL PHONES

The Animal Emergency Clinic operates solely on the funds collected from the treatment and care of your pets. We are not subsidized by any organization, private or public, therefore we must adopt a strict policy in order to provide you and your pet the best possible care.

The Animal Emergency Clinic requires that all fees be PAID IN FULL when services are rendered.

The Animal Emergency Clinic does not bill or offer any type of payment plans. For those clients that may need financial assistance to provide for their pets' care and treatment, credit may be available through the Care Credit Plan. Ask our receptionist for details.

I understand that failure to pick up this animal and pay all charges incurred during treatment will result in this animal being transferred to an appropriate animal shelter pursuant to State Ordinance 47-3-75 subsection A, dated May 19, 2000.

Sub-section C of said ordinance states, "A person who fails to pick up an animal provided for in subsection A, who fails to pay his boarding fees in a timely manner, or who abandons an animal at an animal hospital, a dog, kennel, a cat kennel, another animal care facility, or boarding facility is guilty of a misdemeanor and upon conviction, may be imprisoned not more than thirty days or fined not more than two hundred dollars.

Signature _____ Date _____
Owner or Individual Responsible for Patient

Office Visit Fees

\$82.00	6:00 pm to 12:00 am	Mon-Fri
\$82.00	8:00 am to 12:00 am	Weekends
\$95.00	12:00 am to 8:00 am	Mon-Sun
\$95.00	12:00 am to 12:00 am	Holidays

Method of Payment: Check Cash Credit Card Debit Card Care Credit
V isa/M C/Disc/A mE x

I hereby authorize the veterinarian to examine, prescribe for, and/or treat my pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that payment is required for all hospitalized treatments and procedures. Additionally, I understand that I will be responsible for any and all collection fees incurred by the Animal Emergency Clinic should I default on my account.

PAYMENT IS DUE WHEN SERVICE IS RENDERED

Driver's License Number _____ Issuing State _____

Are you 18 years of age or older? Yes No

Signature _____ Date _____

Intake Receptionist _____



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Client/Patient Registration

Please Print Clearly and Please Complete Entire Form

Client(s) / Owner(s) _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Numbers: Home _____ Work _____

Cell _____ Emergency _____

Place of Employment _____

Pet Name _____ DOB or age of Pet _____

Canine Feline Other _____ Breed _____

Male Female Color _____

Neutered Spayed

Who is your regular family or referring veterinarian/hospital? _____

What is the reason for today's emergency visit? _____

What is the duration of the illness/condition? _____

Please answer the following questions about the patient's history?

1. How is your pet's appetite? Normal Decreased Not Eating

2. How is your pet's water intake (drinking)? Normal Decreased Not Drinking Drinking Excessively

3. Type of diet being fed? _____ Table Food? _____ Treats? _____

4. Is the pet vomiting? No Yes If yes, describe appearance and frequency _____

5. Is the pet having diarrhea? No Yes If yes, describe appearance and frequency _____

6. Is the pet urinating? No Yes If yes, is it... Normal Blood in Urine Slow/Painful

7. Is the pet housed? Indoors Outdoors Roams Freely Always Fenced/Leashed

Other pets in the household - Number and Type _____

8. Does your pet have a history of any major medical problems? Please list _____

9. List any medications being taken: _____

10. Was any over-the-counter (Tylenol, Aspirin, Pepto, etc.) medication given? No Yes If yes, what was given, how much, and what time _____

11. Was the pet exposed to any toxins (this includes plants, Rx Drugs, compost, trash, etc)? No Yes
If yes, list toxins, how much, and what time _____

12. Have any changes in the pets environment occurred? No Yes If yes, please describe the changes: _____

13. Other Changes/Important information you can share with us about your pet: _____

14. Vaccination history _____

Intake Receptionist _____