

Emergency Veterinary Clinic of Southwest Missouri
400 S. Glenstone Springfield, MO 65802 417-890-1600

Room # _____

Client # _____

AUTHORIZATION FOR MEDICAL AND / OR SURGICAL TREATMENT:

I, the undersigned as owner and / or responsible agent of the patient presented for diagnosis or treatment, do hereby authorize the veterinarians of the Emergency Veterinary Clinic and such persons as they may designate as their aides and assistants to administer to the patient such diagnostic and / or therapeutic procedures as they deem necessary for the care of said patient. I further consent to the administration of such anesthetics, as are necessary and surgical procedures of an emergency nature. I hereby certify that I have read and fully understand the above authorization. I also certify that no guarantee or assurance has been made as to results that may be obtained. Further, I assume financial responsibility for all charges incurred to the patient, consent to release of medical information, and authorize direct payment to the Emergency Veterinary Clinic. All veterinary and emergency clinic fees are due and payable at the time of release of the patient. If it should become necessary to collect these fees through an attorney the undersigned agrees to pay all costs of collection, including attorney fees.

I understand that emergency patients must be removed from the clinic by 8:00 a.m. each week day morning or before 8:00 a.m. Monday morning if hospitalized over the weekend. If I fail to remove said animal by that time I will be responsible for any additional charges incurred by the Emergency Clinic in the disposition of the animal in accordance with clinic policy.

Signature of owner or responsible Agent: _____

Witness: _____

Date: _____

Time: _____

PLEASE PRINT, FILL IN ALL INFORMATION:

Owner's Name: _____ Spouse / Significant Other: _____

Address: _____ Zip Code _____

City: _____ State: _____ Social Security# _____

Phone (Home): _____ (Cell / Pager) _____

Place of Employment: _____ Phone: _____

Spouse Place of Employment: _____ Phone: _____

Patient's Name: _____ **Species:** _____ **Breed:** _____

Age: _____ Color _____ **Vaccinations up to date:** (please circle) Y N

Please Check Box: Sex: Male Female Please Check Box: Spayed Neutered Intact

Drug Allergies: _____ **Regular Veterinarian:** _____

Current therapy: _____

How did you hear about us: Yellow Pages Internet Personal Reference Veterinarian Reference (Specify)

Outside Sign Used Services before Phone Directory

HOSPITAL USE ONLY

Entering Complaint: _____

Weight: _____ **Temp:** _____ **Pulse:** _____ **Resp:** _____ **M.M.:** _____ **CRT:** _____

Doctor's Notes: