ANIMAL EMERGENCY & SPECIALTY CENTER
Knoxville

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PATIENT REGISTRATION FORM

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer and questions you have about your pet's health. To ensure the best care possible, please take the time to fill out this form completely.

CLIENT INFO

Date: _____

Owner Name: _____ SSN: _____

Owner Address: _____ City: _____ State: ____ ZIP: _____

Owner Phone: _____ Cell Phone: _____ Other Phone: _____

Owner Email: _____

Co-Owner Name: _____ Phone: _____ SSN: _____

How did you hear about us? ☐ **REFERRAL** ☐ **WEBSITE** ☐ **FACEBOOK** ☐ **OTHER:** _____

PET HEALTH HISTORY

Regular Veterinarian: _____

Name of Pet: _____ Pet DOB/Age: _____ Weight: _____

Breed of Pet: _____ Pet Gender: **M** **F** Spayed/Neutered? **Y** **N**

Vaccination Status: _____

Reason for Visit: _____ Have you been here before? **Y** **N**

Please check any symptoms or problems that you have noticed with your pet:

☐ Difficulty Breathing	☐ Vomiting	☐ Diarrhea	☐ Loss of Balance
☐ Weakness/Lethargy	☐ Depression	☐ Scooting	☐ Coughing
☐ Bleeding Gums	☐ Limping	☐ Lack of Appetite	☐ Sneezing
☐ Bulging/Bloodshot Eyes	☐ Scratching	☐ Gagging	☐ Other

Please describe the symptoms checked above or any other issues: _____

_____

Pet's Current Medications: _____

Pet's Current Diet: _____

AUTHORIZATION

The undersigned owner or agent hereby acknowledges that the care which is (or was) furnished to this animal by the Animal Emergency & Specialty Center will be (or was) limited to treatment, and that the Center has no facilities for boarding. I hereby authorize any treatment including the administration and performance of a surgical procedure which the Clinic deems necessary.

I further understand that I am responsible for professional and clinic fees, including the fees for medicines and diagnostic procedures and that this responsibility continues in the event that the patient fails to recover or is disposed of. I, the Owner/Agent, understand that I am responsible for complete payment of the charges upon release of the patient. I will be responsible for any collection of legal fees if the bill is not paid. It is also expressly understood and agreed that I will pick up my animal in a timely manner when discharged unless other arrangements have been made. Upon my failure to pick up the animal at this time, the Center is hereby empowered at its sole discretion to transport the animal at the owner's expense to the referring or selected hospital, or in any other manner dispose of my animal. The Center is released and forever discharged from any and all liability for acts of matters taken by it in connection with my animal's disposal. I am aware that I am under audio and video surveillance and consent to the use thereof. **A deposit is required before treatment can be initiated; payment is required when services are rendered (no credit).**

Signature of Owner/Agent: _____ Date: _____

Method of Payment: ☐ **CASH** ☐ **CHECK** ☐ **VISA** ☐ **MASTERCARD** ☐ **AMERICAN EXPRESS** ☐ **DISCOVER** ☐ **OTHER:** _____