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Open 24/7/365



Patient Registration Form

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

Date _____

Owner Name: _____ Cell Phone: _____

Home Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Spouse/Co-Owner Name: _____ Spouse/Co-Owner Phone: _____

Employer: _____ Employer Phone: _____

Please circle how you heard about us? AESC website Doctor/Clinic Facebook Family Friend Google Drove by Yelp

Pet's Name: _____ Please Circle: Cat Dog Other _____ Breed: _____

Please Circle: Female Male Spayed or Neutered DOB/Age: _____ Vaccinations Up to Date: Yes or No

Primary Clinic: _____ Primary Veterinarian: _____

Have you been here before: Yes or No Reason for Today's Visit: _____

Pet's Current Medications (heartworm, flea, tick prevention, etc): _____

Authorization:

The undersigned owner or agent hereby acknowledges that the care which (is about to be or was) furnished to this animal by Animal Emergency and Specialty Center (was or will be) 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 clinical 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. The owner/agent 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 prior 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. I understand photos may be taken on the premises and used for marketing or educational purposes. I grant the Center permission to post my pet's pictures and story on the hospital's social media and educational outlets.

A deposit is required before treatment can be initiated, payment is required when services are rendered (no credit).

Signature of Owner/Agent

Date:

Please circle your preferred methods of payment (select all that apply) Cash Credit/Debit Card Care Credit

(We do not accept checks as a form of payment for emergency services)