



Campus Village Plaza  
540 Route 10 West, Randolph, NJ, 07869  
Phone : (973) 328 - 2844  
Fax : (973) 328 - 8553

Case #: \_\_\_\_\_ Date In: \_\_\_\_\_ Time In: \_\_\_\_\_ Date Out: \_\_\_\_\_ Time Out: \_\_\_\_\_

**Owner Information**

Client Name: \_\_\_\_\_ Phone (Home): (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Phone (Cell): (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

How did you hear about us?  Internet search  www.alliancemergency.com  Phonebook  Vet referral  Friend

Email Address \_\_\_\_\_ **Patient Information**

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Neutered? **OR**  Female  Spayed?

Species  Dog  Cat  Other, \_\_\_\_\_ Breed: \_\_\_\_\_

Colors/Markings: \_\_\_\_\_ Has your pet been here before?  No  Yes

Where does your pet spend the majority of its time?  Indoors only  Outdoors only  Both indoors and outdoors

**Vaccine Status:**

**Canine:**  Parvo/Distemper  Rabies (1 year)  Rabies (3 year)  Bordatella  Lyme (year?) \_\_\_\_\_

**Feline:**  Distemper  Rabies (1 year)  Rabies (3 year)  FIV (year?) \_\_\_\_\_  Felv (year?) \_\_\_\_\_  FIP

Is your pet presently on any medication?  No  Yes, Type/Dosage: \_\_\_\_\_

Is your pet presently on Heartworm Preventative?  No  Yes, Type/Dosage: \_\_\_\_\_

Does your pet have any pre-existing medical problems?  No  Yes, \_\_\_\_\_

Do you have a regular veterinarian?  No  Yes, Dr. \_\_\_\_\_ at \_\_\_\_\_

What seems to be wrong with your pet today? \_\_\_\_\_

**Authorization for examination, treatment, and assumption of financial responsibility statement:**

**Please be advised that payment is due in full when your animal is discharged from the hospital**

I, the undersigned, do authorize the veterinarian (s) and the veterinary technicians at Alliance Emergency Veterinary Clinic to examine the animal specifically described above, and to administer any emergency medical and/or surgical treatment which is considered therapeutically and/or diagnostically necessary based on the findings during the course of the initial examination.

I understand that I will be given an estimate of the cost of services to be rendered, either verbally or in writing, and that I must leave a deposit of at least seventy-five percent (75%) of that estimate at the time of admission of the above described and identified animal. The balance of the bill will be due before discharge of the above described and identified animal. In the event this note shall be in default, and placed with an attorney for collection, then the undersigned agrees to pay all reasonable attorney fees and costs of collection. Payments made within five (5) days of due date shall be subject to a late charge of five percent (5%) of said payment. All payments hereunder shall be made to such address as may from time to time be designated by any holder hereof.

I do hereby assume this financial responsibility for all charges incurred for services rendered to the patient. Furthermore, I consent to the release of medical information pertaining to the above described and identified patient and am fully aware that failure to claim or make arrangements to claim this animal shall be considered abandonment. The animal may then be disposed of at the discretion of Alliance Emergency Veterinary Clinic.

X \_\_\_\_\_  
Signature of Owner or responsible agent

X \_\_\_\_\_  
Witness (Alliance Emergency Veterinary Clinic Employee)

<b>FOR OFFICE USE ONLY</b>	TEMP	HR	RR	MM	CRT	Tech	Dr.		WT	LBS
	Eyes	Ears	Nose	Mouth	Throat	UG	Resp.	Thorax		KG
	Rectal	CV	ABD	GI	MS	Neuro.	Skin	HYD	Appnd	

HISTORY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ABNORMALS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_