

Animal Emergency & Critical Care Admission Form

2112 Memorial Parkway SW
Huntsville, AL 35801 (256) 533-7600

Client No. _____

Room No. _____

Order _____

Email: _____

Owner		Regular veterinarian			Date	
Mailing Address				City	State	Zip Code
Home Phone		Work Phone		Cell Phone		
Pet's Name	Breed	(please circle) Dog Cat Ferret Guinea Rabbit Bird Reptile Other		(please circle) Male Female Neutered Spayed Intact		Age Color
Reason for visit						

Please answer these questions to the best of your ability.

1. Have you been here before? yes no
2. All medications or home remedies your pet has received or is currently taking.

3. Has your pet had its vaccines (shots) this year? yes no (if no, has you pet ever had shots yes no)
4. Is your pet on heart worm prevention? yes no
5. List what your pet has eaten (or may have eaten) in the past 2 days.

6. Is your pet vomiting? yes no
7. Is your pet coughing? yes no
8. Does your pet have diarrhea? yes no
9. How is your pet urinating? normally not urinating more than normal
10. Anything else? _____

PLEASE READ THE FOLLOWING CAREFULLY.

1. I hereby authorize the doctor on duty, and assistants the doctor may designate, to perform a physical exam on the above described animal(s) and to provide an estimate for recommended services and treatment.
2. I understand that emergency patients must be removed from the clinic daily no later than 30 minutes prior to closing (7:30 AM Monday-Saturday). I agree that any patient not removed shall be deemed to have been abandoned. Once the animal has been abandoned, Animal Emergency & Critical Care has the responsibility for the animal and will treat or dispose of it as we see fit.
3. I understand that my pet(s) will receive emergency treatment only and that he/she/they may be released before all medical problems are known or treated. I will arrange for follow up treatment as instructed.
4. I understand payment in full is due at the time of service.

Signature of Owner or Authorized Agent _____ Date _____

Please Do NOT Write Below This Line

Temp _____ Pulse _____ Resp _____ MM _____ CRT _____ Weight _____

Triage Assessment _____

Time pet
seen by Doctor

Doctor
Technician