

Carolina Veterinary Specialists/Animal Emergency

Patient Information

Date: _____ Time: _____ AM PM

Chief complaint: _____

Owner's name: _____ Occupation _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (home): (____) _____ (work): (____) _____

Cell phone: _____ Pager: _____

Animals name: _____ Date of birth (approx.): Month: ____ Year: ____

Species: Dog Cat Avian Exotic Other: _____

Breed: _____ Color: _____

Sex: Male -- Neutered Female -- Spayed

Referring/family veterinarian: Dr. _____

Clinic name: _____

If your pet must be hospitalized or undergo extensive diagnostics or treatment procedures, we will provide you with an itemized estimate. It is the policy of Carolina Veterinary Specialists and Animal Emergency to require a 50% deposit for these services. Please do not hesitate to ask any questions.

Signature of Owner or Owner's Agent

Date

Payment policy: Payment in full is expected at time of service.

Method of payment: ____ Cash ____ Check ____ Visa/MC ____ Discover
 ____ Care Credit (please ask for details) ____ Amex

Please do not write in the space below. Office use only.

Date	Problems & Treatments