



**Veterinary Specialty and
Emergency Care**

Emergency/Referral Form

Welcome to Veterinary Specialty and Emergency Care. If you have been referred by your regular veterinarian for diagnosis and treatment of your pet's specific emergency, medical or surgical problem, please take note of the following.

We will complete the medical procedure(s) & forward the information to your regular veterinarian.

CLIENT INFORMATION

Name: (last, first) _____ Primary Phone: _____

Address: _____ Cell /Work Phone: _____

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

Referring/Regular Veterinarian: _____

PATIENT INFORMATION

Pet's name: _____ Feline Canine Breed: _____

Weight: _____ D.O.B: _____ Sex: Male Female Spayed Neutered

List medications your pet is currently taking: _____

Other pre-existing conditions: _____

Reason for your visit today: _____

Your pet's normal diet (brand and amount/day): _____

Authorization and Statement of Financial Responsibility

I am the owner or responsible agent of the above pet and authorize the staff of Veterinary Specialty and Emergency Care to treat my pet. I accept full financial responsibility, which will be paid in full at the time of the release of the animal. I have read and understand this authorization and consent.

Payment is expected at the time services are provided.

Signature: _____

Date: _____