

Warm Springs Veterinary Emergency Clinic, LLC

Pet E.R.™

2500 W. Warm Springs Rd.

Las Vegas, NV 89119

(702) 614-5454

New Client/Patient Information

Client Information

Name _____ Spouse's Name _____

Address _____

City _____ State _____ Zip Code _____ E-Mail _____

Home Phone() _____ Cell Phone() _____ Work Phone() _____

Place of Employment _____ Driver's Lic. or SSN _____

Pet Information

Name _____ Species (canine/Feline/Other) Breed _____

Age _____ Gender M / F Spayed/Neutered Color _____

Where does your pet go for regular veterinary care? _____

Does your pet have a chronic medical condition (i.e. allergies, vaccine reaction, immune mediated disease, on long term medications?) yes() no() if yes, please list _____

If for any reason your pet stops breathing or your pet's heart stops, do you wish the staff of Pet E.R. to perform CPR? Yes() no()

How did you hear about us?

Yellow pages () internet () sign () recommendation () By whom? _____

Financial Information

_____(initial) Unfortunately, Pet E.R. is unable to provide billing services at this time. All payment is due at time of service.

Form of payment preferred (please circle) **VISA / MASTERCARD / DISCOVER / CARE CREDIT / CASH**

If you are paying by credit card, we can keep that information on file for your convenience,

Card number _____ Exp date _____ Security code _____

I understand that the hospital staff will provide an estimate of any current and/or anticipated charges. By signing below, I am authorizing veterinary care be provided for the pet(s) presented by me or by my agent(s). I am the legal owner/agent of this/these pet(s) and as such, I understand that I am financially responsible for all services provided.

Signature _____

Date _____