



ANIMAL CRITICAL CARE, INC.

8734 Grissom Rd. • San Antonio, TX 78251 • 210-684-2105 • Fax 210-256-0088

Client No. _____

CLIENT INFORMATION: MUST BE COMPLETE BEFORE EXAM

Last Name _____ First Name _____

Spouse or roommate's name _____

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Home phone (____) _____ Work phone (____) _____ TDL # _____

How did you hear about us? _____

PAYMENT IN FULL IS REQUIRED AT THE TIME OF SERVICE

Method of Payment: Cash _____ Check _____ M/C or VISA _____ Discover _____

When paying by check, the information above must be completely filled out, and you must have a current Texas Driver's License available.

PATIENT INFORMATION

Pet's Name _____ Dog _____ Cat _____ Bird _____ Other _____

Breed _____ Color _____ Age _____ Sex _____ Neutered? Yes No

Vaccinations during last year? _____

Pet's Regular Veterinary Clinic _____

Pet's presenting problem _____

Professional fees are to be paid at the time service is rendered. There will be a \$25.00 fee on all returned checks and client is liable for all legal and collection fees. Please read carefully. Signature is necessary before exam or treatment.

I hereby consent and authorize Angel of Mercy Animal Critical Care, Inc., its doctors, servants and representatives to administer such treatment, diagnostic surgical and anesthetic procedures as they deem necessary. None of the above will be held liable or responsible in any manner whatsoever, under any circumstances, for the care, treatment or safekeeping of the animal described above, as it is thoroughly understood I assume all risks.

I hereby certify that I have read and fully understand the above authorization for medical and/or surgical treatment. I also certify that no guarantee or assurance has been made as to the results that may be obtained. Further, I assume financial responsibility for all charges incurred to patient, consent to release of medical information, and authorize direct payment to Angel of Mercy Animal Critical Care, Inc.

Owner/Agent's Signature _____ Date: _____