



VALLEY CENTRAL EMERGENCY VETERINARY HOSPITAL

210 Fullerton Avenue • Whitehall, PA 18052 • 610-435-5588 • Fax 610-435-3408

Room #

LAST NAME		FIRST NAME		SOCIAL SECURITY #	DATE:
STREET ADDRESS (NO PO BOXES)			CITY	STATE	ZIP
HOME PHONE NUMBER () ()	WORK PHONE NUMBER () ()	CELL PHONE NUMBER () ()	REGULAR VETERINARY HOSPITAL/CLINIC	HOW WILL YOU BE PAYING FOR TODAY'S VISIT? <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK*	
PET'S NAME	SPECIES <input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> Other	BREED	AGE	SEX (CHECK ONE) <input type="checkbox"/> MALE INTACT <input type="checkbox"/> FEMALE INTACT <input type="checkbox"/> MALE NEUTERED <input type="checkbox"/> FEMALE SPAYED	
PET'S COAT COLOR	HAS YOUR PET BEEN VACCINATED AGAINST RABIES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHEN?		HAS YOUR PET BEEN SEEN BY YOUR VET FOR THIS PROBLEM? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHEN?		
IS YOUR PET ON ANY MEDICATION?		REASON FOR VISIT			

CONSENT FOR EXAMINATION / VALLEY CENTRAL EMERGENCY'S PAYMENT POLICY

As our name implies we are an emergency hospital, and as such, we regret that we cannot offer a payment plan or any type of billing. It is our policy that we require payment in full at the time of service. The health and well-being of you pet remains our top priority, however, rising losses due to non-payment for services rendered have forced us to adhere to this strict financial policy.

- We require a \$150.00 deposit at the time of registration - this deposit will cover the emergency examination by our veterinarian, and minimal initial treatment.
- Once your pet's exam is complete, the doctor will consult with you regarding a recommended health treatment plan. An estimate of the total costs associated with this treatment plan will be explained to you, and an additional deposit will be required at this time.
- We accept cash and most credit cards including Visa, MasterCard, Discover, and American Express. We cannot accept personal checks without a valid driver's license.
- Overpayments made by cash or credit card will be refunded immediately. Same day overpayments made by check will be adjusted immediately; next day or subsequent check refunds will be made by business check once the funds have cleared.
- A \$35.00 service fee will be added for all checks returned unpaid. A 40% surcharge will be added to all bills sent to collections.

I, the undersigned, acknowledge that I have read and understand Valley Central's payment policy and agree to be responsible for all costs related to my animal's care. I also certify that I am the owner or authorized agent for the animal described above. I consent to have the veterinarian and staff of Valley Central examine my pet. I certify that all of the information I have provided above is true to the best of my knowledge.

PRINT NAME

SIGNATURE

DATE

EMERGENCY LIFE SAVING PROCEDURES - READ CAREFULLY AND SELECT ONLY ONE

It is the nature of emergency medicine that situations which cannot be predicted and which require emergency treatment may arise. In those situations, treatment often must be initiated immediately and without the veterinarian having time to contact the owner. Because of this we require all owners to state their wishes with regard to CPR and other emergency life saving procedures before leaving their animals. Please select only one of the options below:

- [] CPR - If necessary, I wish for the veterinarian to perform CPR on my animal and to initiate any other necessary life saving measures while trying to contact me. I agree to be responsible for the costs of such measures and understand that these measures may lead to costs greater than the estimate given.
- [] DNR - I do not wish for the veterinarian to perform CPR on my animal in the event of emergency.

(If no selection is made, it will be assumed that you selected the option of CPR.)

HEALTH TREATMENT PLAN - ESTIMATE OF COSTS AND CONSENT FOR SERVICES

This is an estimate of the cost of your pet's health treatment plan as recommended by the veterinarian. This is not a final bill. This is not a quote of actual costs, but rather a good faith attempt to predict the total costs involved. This estimate includes only those treatments discussed with the doctor to this point. As with any health treatment plan, if your pet's condition changes, so may the recommended treatment plan. You are encouraged to ask about additional costs when discussing any further treatments or procedures with our staff.

The estimate of total cost is between \$_____ and \$_____. Initial deposit \$_____
Additional deposit \$_____

Based upon this estimate I consent and authorize the attending veterinarian and staff to perform those diagnostic, anesthetic, surgical, and therapeutic procedures as recommended, in the best interest of my pet. I acknowledge that the risks and nature of the procedures have been explained to me and no warranty or guarantee has been made as to the result or cure. It is understood by me that Valley Central's staff will use all reasonable precautions to assure the safety and well being of my pet while hospitalized, and shall not be responsible beyond such precautions. I understand that I assume all risks.

I acknowledge that this form has been explained to me. I am over 18 years old. I have been given the opportunity to review and ask questions which I may have about the material above. I have read and understand Valley Central's payment policy. I acknowledge the estimate given and agree to be responsible for all costs of treating the pet mentioned above.

PRINT NAME

SIGNATURE

DATE