

EMERGENCY CLIENT FORM

Client Information (*Please Print*)

Date: _____

Client # _____ (*Office Use Only*)

Mr. Mrs. Ms. Dr.

Name: _____
(Last) (First) (Middle)

Address: _____ Apt.#: _____

City / State / Zip: _____

Parish: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Drivers License Number: _____ State: _____ D.O.B. _____
(Required) (Required)

Employer: _____ Work Phone: _____

E-mail: _____

Wife/Husband/Other: _____ Phone # _____

Emergency Contact Name / Number: _____

Photo/Name Release: I agree to allow **Avian & Exotic Animal Hospital of Louisiana** to use my name, my pets name and photographs of myself and/or my pet for any lawful purpose including publicity, illustration, advertising, web-site, FaceBook, Twitter, Instagram, You Tube and other media. _____ (**Initial**)

Dr. Gregory Rich --- Dr. Leslie Pence (**circle name**) has informed me of emergency fees in the amount of \$_____ and provided me with an estimate of \$_____ for services required during this emergency visit. I understand I am responsible for payment in full of these services at time of visit. _____ (**Initial**)

**ALL PROFESSIONAL FEES ARE DUE
AT THE TIME SERVICES ARE RENDERED.**

We accept: Mastercard / Visa / Discover / Check / Cash / Care Credit

Signature of person responsible for payment

Date

If other than client please print name and relationship to client

