



**Animal Emergency and Urgent Care**  
4300 Easton Drive, Suite 1 Bakersfield, CA 93309



The Standard of  
Veterinary Excellence

## Admission Form

Notify the Nurse or Client Service Representative immediately if your pet has difficulty breathing, generalized weakness or collapse, suffered a major trauma, or any other life threatening condition.

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_ Staff: \_\_\_\_\_ Patient ID: \_\_\_\_\_

Entering Problems or Symptoms: \_\_\_\_\_

Is your pet currently being treated? No  Yes  > Diagnosis: \_\_\_\_\_

Current medications, vitamins, or supplements: \_\_\_\_\_

Previous medical problems? No  Yes  > \_\_\_\_\_

Your pet's regular veterinary hospital: \_\_\_\_\_ Vaccines: Current  Due  : \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Dog  Cat  Other : \_\_\_\_\_

Breed: \_\_\_\_\_ Spayed Female  Female  Neutered Male  Male

Color & Markings: \_\_\_\_\_

Owner Name: \_\_\_\_\_ D.L.#: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
FIRST LAST

Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Co-owner/Agent \_\_\_\_\_ D.L.#: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
CIRCLE ONE FIRST LAST

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Your pet has been presented in a critical or life-threatening state. We require authorization to initiate and/or continue acute care to attempt to stabilize your pet, as well as obtain your acceptance of financial responsibility for the care. The initial costs of **Critical Care** stabilization are estimated up to \$600.00 or more, which can include CPR (Cardio Pulmonary Resuscitation), IV catheter placement and fluid therapy, shock treatment/medications, minimal diagnostic bloodwork and/or radiographs. This estimate is for initial stabilization only and does not include continued care once your pet is stabilized nor does this estimate include hospitalization, treatments, medications or follow-up care. **I authorize Critical Care** \_\_\_\_\_

**Authorization/Consent for Treatment:** I am the owner, or agent for the owner, of the above described pet. I am 18 or over and have the authority to execute this consent. I authorize the Animal Emergency & Urgent Care (AEUC) to diagnose, prescribe and treat my above described pet. I understand that no warranty or guarantee can be made as to the outcome. The initial examination fee is \$120.00; payable in advance, all treatments and medications are additional and I accept full financial responsibility for all charges incurred. A written estimate will be given for treatment and the full amount of the estimated fees is required as a deposit; any remaining balance is due at discharge. We accept cash, checks that authorize through Telechek, Visa/MC, Amex, Discover, and Debit. We also accept Care Credit and Scratch Pay.

**My signature below certifies that I have read and understand this authorization and consent.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STAFF USE ONLY

---

---

---

---

---

T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ MM: \_\_\_\_\_ CRT: \_\_\_\_\_ Wt: \_\_\_\_\_

