

**THE ANIMAL EMERGENCY CENTER of LAS VEGAS and HENDERSON**  
3340 East Patrick Lane – Las Vegas – NV - 89120

**Owner Information**

Owner's Name: \_\_\_\_\_ (Please Print Legibly)

Last

First

Spouse/ Other: \_\_\_\_\_ Drivers Lic. # \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. /Unit# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #'s: Main (\_\_\_\_\_) \_\_\_\_\_ Alternative (\_\_\_\_\_) \_\_\_\_\_

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

How did you hear about us? Veterinarian( ) Been here before( ) Yellow Pages( ) Internet( )  
Drive By( ) 411( ) other ( ) please write source here: \_\_\_\_\_

**Please Answer The Following Question:**

**If your pet experiences respiratory/cardiac arrest, do you wish us to administer medical CPR? (\$300-\$600)**  
Yes \_\_\_ No \_\_\_ Initials \_\_\_\_\_

**Patient Information**

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: **FEMALE** Spayed Yes [ ] No [ ] **MALE** Neutered Yes [ ] No [ ]

Your regular Veterinary Hospital \_\_\_\_\_

Any previous illness or surgery? \_\_\_\_\_

Any known allergies to vaccines or medication? \_\_\_\_\_

Is your pet on any medications or special diets? \_\_\_\_\_

Reason for emergency visit: \_\_\_\_\_

**Payment Policy:**

**The Exam Fee to see the doctor is \$85.00 between our normal opening time and 7am.**  
***Between the hours of 7am and 8am, our Exam Fee is \$150.00.***

**\*\*\*ANY TREATMENTS OR DIAGNOSTICS WILL BE ADDITIONAL.\*\*\***

Acceptable forms of payment include Cash, Debit, Discover, Visa, MasterCard, American Express, Care Credit, and PayPal.

**THE CARD HOLDER MUST BE PRESENT AND PROVIDE A VALID PHOTO ID.**

**AEC does not accept checks as a form of payment.**

I understand that **Full Payment is due at the Time of Service.** Initials: \_\_\_\_\_

**I have read and understand the preceding statement:**

Owner's name: (Please Print) \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_