

ANIMAL EMERGENCY CENTER OF LAS VEGAS AND HENDERSON

3340 EAST PATRICK LANE LAS VEGAS, NV 89120

702-457-8050

OWNER INFORMATION (Please Print Legibly)

Owner's Name: _____
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?

(Approximately \$1000-\$1500) 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 the hours of 6am and 8am (Mon-Fri), 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, Scratchpay 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: _____