

# 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 \$100.00**

***Between the hours of 6am and 8am (Mon-Fri), our Exam Fee is \$200.00.***

***All major holidays the 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: \_\_\_\_\_