



PET EMERGENCY & SPECIALTY CENTER

Client # _____

Privacy Statement

PESC will not share your information with any other organization or individual. When you provide us with your email, phone, or other contact information, we may contact you in regards to your pets visit

Owner/Agent: (First) _____ (Last) _____

Address: _____ City: _____

State: _____ Zip: _____ Driver's Lic.# _____ (St.) _____

Spouse/Significant Other: (First) _____ (Last) _____

Email Address: _____

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

Employer: _____ Work Phone: () _____

Pet's Name _____ Species: Dog Cat Other

Breed: _____ Color: _____

Sex: _____ Spayed/Neutered? Yes No Age: _____ Length of ownership: _____

Who is your pet's regular veterinarian?

Dr. _____

At _____

Approximate date of last visit at your veterinarian: _____

Has your pet been vaccinated within the past year? Yes No

How did you hear about our clinic?

Pet's regular veterinarian Brochure Social Media Sign Friend Prior Visit

Web site? _____ Other _____

Payment is required at the time of service or hospitalization. Card holder must be present at time of transaction. We are not able to offer billing.

"PESC may conduct video and audio surveillance in workplace areas and patient consultation rooms. Video and audio monitoring is used for training, to maintain quality control, identify safety concerns, avoid disputes & miscommunication and discourage or prevent acts of harassment and workplace violence."

Signature: _____ Date: _____

CSR Initials _____