

Client Information - Please print

Who referred you to our hospital?

Owner:

Last name: _____ First name: _____ Middle initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Fax: _____

Occupation: _____ Employer: _____ Work phone: _____

Email: _____ Driver's License #: _____ State _____

Spouse or Co-owner:

Last name: _____ First name: _____ Middle initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Fax: _____

Occupation: _____ Employer: _____ Work phone: _____

Email: _____ Driver's License #: _____ State: _____

Animal(s):

Name:	Date of Birth/Age:	Sex:	Species:	Color:	For Office Use:

Statement of Informed Consent

I, the undersigned, owner or agent of the above listed patient(s), hereby authorizes **Dr. Jenkins**, and/or **Dr. Gillet** (doctors), and whomever they may designate as their assistants (staff), to examine and administer such treatment as is determined necessary on the basis of findings during the course of such evaluations. I understand that an estimate will be given prior to any services being performed whenever possible. A deposit is required for all patients admitted to the hospital. Payment of balance in full is required upon discharge. In the event legal action should become necessary to enforce payment

Of any charges, I agree to be responsible for and pay all reasonable fees and costs incurred in collection. I am aware that no staff person is on the premise at night and that critical animals will be transferred to the Emergency Animal Hospital at the discretion of the Doctors and staff at the Avian & Exotic Animal Hospital. I further understand that ALL written records or documents as well as radiographs are the sole property of the Avian & Exotic Animal Hospital and copies of originals are not available. A summary of the medical record will be provided at your request. There may be a fee for this service.

◆ THE HOSPITAL TAKES NO RESPONSIBILITY FOR THE LOSS OF FLIGHTED BIRDS! ✨

Owner / Responsible Agent Signature: _____ Date: _____

AEAH Employee witness Signature: _____ Date: _____