

# EMERGENCY CLIENT FORM

**Client Information** (*Please Print*)

Date: \_\_\_\_\_

Client # \_\_\_\_\_ (*Office Use Only*)

Mr.  Mrs.  Ms.  Dr.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Parish: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(Required) (Required)

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Wife/Husband/Other:** \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact Name / Number: \_\_\_\_\_

**Photo/Name Release:** I agree to allow **Avian & Exotic Animal Hospital of Louisiana** to use my name, my pets name and photographs of myself and/or my pet for any lawful purpose including publicity, illustration, advertising, web-site, FaceBook, Twitter, Instagram, You Tube and other media. \_\_\_\_\_ (**Initial**)

Dr. Gregory Rich --- Dr. Leslie Pence (**circle name**) has informed me of emergency fees in the amount of \$\_\_\_\_\_ and provided me with an estimate of \$\_\_\_\_\_ for services required during this emergency visit. I understand I am responsible for payment in full of these services at time of visit. \_\_\_\_\_ (**Initial**)

**ALL PROFESSIONAL FEES ARE DUE  
AT THE TIME SERVICES ARE RENDERED.**  
We accept: Mastercard / Visa / Discover / Check / Cash / Care Credit

\_\_\_\_\_  
Signature of person responsible for payment Date

\_\_\_\_\_  
If other than client please print name and relationship to client

