



Veterinary Specialty Care

985 Johnnie Dodds Blvd.
Mt. Pleasant, SC 29464

3163 West Montague
North Charleston, SC 29418

EMERGENCY

MEDICINE

SURGERY

Owner Information

Name: _____ Driver's License#: _____

Co-Owner: _____ Driver's License#: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone Home: _____ Cell: _____ DOB: _____

Email address: _____

Referring/Family Veterinarian: _____ Hospital: _____

Has your pet been seen at Veterinary Specialty Care before? Y or N

Patient Information

Pet's Name: _____ Male / Female Spayed/Neutered? Yes No

Breed: _____ Color: _____ Age: _____

How long has your pet lived with you? _____

Other Pets? _____

Is your pet current on.....vaccines?	Y	N
Heartworm Prevention?	Y	N
Flea Control?	Y	N
Diet Change?	Y	N

Is your pet on any medications?	Y	N
Does your pet have any allergies?	Y	N
List Medications:	_____	

Any Recent Diagnostics?	Y	N
Xrays?	Y	N
Bloodwork?	Y	N
Biopsy?	Y	N

Reason for visit? _____

Previous Health Problems? _____

Payment Policy and Treatment Consent

BY SIGNING BELOW I UNDERSTAND AND AGREE TO: AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR, AND PROVIDE INITIAL DIAGNOSTICS FOR MY PET. I AM AWARE A DEPOSIT MAY BE REQUIRED PRIOR TO WORK UP. ALL ACCOUNTS MUST BE PAID AT TIME OF DISCHARGE. I AM 18 YEARS OLD OR OLDER & AM ACCEPTING FINANCIAL RESPONSIBILITY FOR THIS PATIENT'S MEDICAL CARE & ASSUME RESPONSIBILITY FOR ALL FEES ASSOCIATED WITH THE COLLECTION OF ANY UNPAID BALANCES INCLUDING \$30.00 FOR RETURNED CHECKS & 18% APR (1.5% MONTHLY) ON ANY UNPAID BALANCE.

I give Veterinary Specialty Care permission to use any photograph taken of my pet while hospitalized at our facility for our website, networking sites etc.

If you **DO NOT** wish for any photography taken of your pet, please initial. _____

Signature: _____ **Date:** _____

