Patient Transport

Pet Name: _____

Client Name: _____ Telephone: _____

Client Address: _____

E-mail Address: _____

I authorize Mount Laurel Animal Hospital & 24 Hour Emergency Service and its representatives to perform all treatments and procedures as are necessary for the welfare of the animal listed above, including those that may be required to respond to an emergency situation involving my pet (such as intravenous catheter and/or fluids, oxygen therapy, and cardiopulmonary resuscitation). By signing this release, I acknowledge that I am responsible for any costs incurred during examination, diagnostic evaluation, and/or treatment by Mount Laurel Animal Hospital & 24 Hour Emergency Service or its representatives.

Our hospital does not provide billing arrangements, and all services and therapies are to be paid in full at the time they are administered. However, in order to accommodate clients who may be unable to easily provide payment for these services, we have contracted with an outside financing company, Wells Fargo Financing, as an option for clients wishing to coordinate payments over time. Please visit https://retailservices.wellsfargo.com/wfha_patient.html to apply. A service charge of 1.5% per month will be charged on all balances unpaid, and unpaid balances will be pursued to the fullest extent allowable by law.

Patients that will be admitted into the hospital for care and/or surgery will have an estimate prepared in advance; we require a deposit of 75% of the high end of this estimate prior to further care being rendered. Any estimate prepared by Mount Laurel Animal Hospital & 24 Hour Emergency Service is reflective only of service and care provided by that hospital entity, and is not associated with the care and services that may be provided by the doctors and staff of Mount Laurel Animal Hospital & 24 Hour Emergency Service.

I agree to assume all risk involved with the medical transport of my pet.

Client Signature: _____ Date: _____

MLAH Signature: _____ Date: _____

Patient Transport

Pet's Name: _____ Age: _____

Please Circle One: Canine ◯ Feline ◯ Other ◯ Please Specify: _____

Breed: _____ Sex (circle one): ◯ M ◯ F ◯ Mn ◯ Fs

Primary Veterinarian: _____

Why is your pet being seen today?

When did your pet last receive the following? Rabies _____ DHLPP/FVRCP _____

Is your pet primarily (circle one) ◯ Indoor ◯ Outdoor

Has your pet ever had a reaction to a vaccine or medication? ◯ Yes ◯ No

If yes, please explain: _____

Does your pet have any prior or current underlying conditions? ◯ Yes ◯ No

If yes, please explain: _____

If your pet is currently on medication please list the name of the medication as well as the strength, dose and approximate time that it was last given (including preventatives):

At the vet, my pet is normally (circle one): ◯ Friendly ◯ Cautious ◯ Aggressive