3484 Shelby Ray Court
Charleston, SC 29414
Tel: 843.614.VETS(8387)
Fax:843.614.8722
Email: info@charlestonvrc.com
Web: www.charlestonvrc.com

Your Name ____ Spouse/Partner ____________________________________

Home Address ____Apt# _____________________________________

City ____State ______________________Zip __________________________________

Home Phone ___________________________ Work _______________________ Mobile _________________________________

Spouse / Partner Mobile ________________________ Fax ___________________ Email___________________________________

Employer ____ Occupation _______________________________________

If we are unable to reach you, who may we contact in case of emergency?

Name ____Phone ____

Do you authorize this person to make treatment decisions if you are not reachable? Yes ___No___

How did you hear about us? ____

Pet Information

Pet Name ______________________ Canine ____Feline_____ Other_____ Breed _______________________________________

Color ___________________ Male ___Female ___Neutered/Spayed __Yes __No Date of Birth / Age _____________________

Presenting Problem /Special Needs / Concerns: ____

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Primary Veterinarian(s) - (This is where we will fax your records)

Doctor's name: ____ **Hospital:** ____

By listing your primary care veterinarian above, you are authorizing our hospital to release patient information to the additional hospital or veterinarian(s) listed. **Are there any other veterinarians to whom you would like us to send updates or information? (If yes please list here)**

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I hereby authorize CVRC to render medical care for my pet(s) as deemed necessary by the veterinarian. I understand that no guarantee can be given to the outcome of treatments and take it as my responsibility to comprehend any risks involved.

I agree to pay for the cost of all services to which I consent to by written or verbal estimate. I understand that a deposit is required before diagnostics and treatments can be initiated and that payment in full is required prior to discharge of my pet from CVRC.

Preferred Payment Method: **□ Cash** **□ Check** **□ Credit/Debit Card** **□ Care Credit**

We offer a discount to members of the U.S. Military, Police Officers, and Firefighters who are active, reserve, or retired.

Qualifying individuals must present appropriate ID at the time of service.

Signature ____ Date_________________________________

Hospital Use only: Entered by: Initials ________ Date _________