



VERGI

A 24 hour Emergency and Critical Care Hospital
"Every minute, Every day, Every time...we're here for you. Not skipping a beat!"
8921 Katy Frwy. Houston, Texas 77024 (713) 932-9589 www.vergi247.com



Office Initials

Time in EXAM RM:
_____ AM/PM

ALL INFORMATION MUST BE COMPLETED – PLEASE PRINT

YOUR NAME _____ DATE _____ TIME IN _____ AM/PM

ADDRESS _____ APT # _____ CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____ FIRST PHONE # _____ SECOND PHONE # _____

EMPLOYER _____ WORK PHONE _____ TX DRIVER'S LICENSE _____

PET'S NAME _____ MALE _____ FEMALE _____ HAS YOUR PET BEEN SPAYED/NEUTERED: ___Y ___N

AGE _____ DOG _____ CAT _____ OTHER _____ BREED _____ COLOR _____

YOUR REGULAR VETERINARY HOSPITAL & DOCTOR: _____

REASON FOR VISIT _____

RELEASE FORM

I certify that I am the owner/responsible party for the animal described above, and hereby consent and authorize VERGI to receive, prescribe for, treat, sedate, or perform surgery if indicated upon the described animal. It is completely understood that I assume all risks associated with the treatment of my pet. I agree to pick up the described animal at the time designated by the attending veterinarian. In the event my pet is not picked up, written notice shall be mailed to the address above to collect my pet. Ten days after such written notice, my pet will be considered abandoned and proper arrangements will be made in the best interest of my pet, which can include humane euthanasia if my pet's condition is deemed too severe. It is understood that in doing so does not relieve me from paying all costs of VERGI, including the cost of upkeep.

I understand that final charges are due upon release of my pet. I have read the above and agree.

SIGNATURE _____ DATE _____



Yes, VERGI may share my pet's story on their social media outlets, including my pet's first name and photos!



Initials

PATIENT HISTORY

This form directly works to write your pet's medical record. Please complete this page as best as you possibly can. If you do not know something, please write, "I do not know or IDK". You may also ask the receptionist for assistance or clarification on any of the following questions.

What symptoms are you seeing today? _____

Is this pet a stray you picked up today? Yes No **IF YES, STOP HERE**

Current health issues (besides reason for visit): _____

Past health issues/ surgeries/ traumas: _____

Medications, vitamins/treatments your pet currently takes: _____

Heartworm: Brand _____ Last dose _____ Flea/Tick: Brand _____ Last dose _____

Vaccines: Rabies: Date _____ Expiration _____ Other(s) _____ Date _____

Allergic reactions: Vaccines Medications Anesthesia Other describe _____

Diet: Brand _____ Amount _____ Frequency _____

Housing: Indoor Outdoor Fenced Chained Walked on leash Walked off leash

Housemates: _____

PLEASE CHECK ANY OF THE FOLLOWING YOUR PET HAS EXPERIENCED RECENTLY

1. Weight change: Loss Gain Amount _____ Time frame _____

2. Digestive: Vomiting Diarrhea Describe _____

3. Appetite: Change in appetite/ thirst Describe _____

4. Parasites: Fleas Ticks Mites Intestinal Parasites: Describe _____

5. Activity: Increase Decrease Duration _____

6. Mobility: Lameness Difficulty walking/ standing/ loss of coordination: Describe _____

7. Respiratory: Difficulty breathing Coughing/sneezing Nasal discharge

8. Cardiac: Heart problems: Yes No Describe: _____

9. Urinary/ Genital: Discharge Difficulty urinating Other _____ Last heat cycle _____

10. Neurologic: Seizures Dizziness Other _____ Describe _____

11. Environmental: Travel outside Houston Boarding Daycare Grooming New Housemate

12. Exposure to: Toxins Garbage Chemicals Human food Greenies Foreign objects

13. Other concerns: _____

None of the above

Continued on Back



MEDICAL RECORD RELEASE AUTHORIZATION FORM

***NOTE:** Before we can release any medical information about your pet, we need your permission.

I certify that I am (*check one of the following*): The Pet Owner Authorized Agent of _____
(Your pet's name)

I authorize VERGI to release my pet's medical record and/or information to the following person(s) and/or clinic:

1. _____
2. _____
3. _____
4. _____
5. _____

****Please specify the portion of the record to be released:**

- | | |
|--|--|
| <input type="checkbox"/> All Portions | <input type="checkbox"/> Operative Report |
| <input type="checkbox"/> History and Physical Exam | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Laboratory Results | <input type="checkbox"/> Billing Notes |
| <input type="checkbox"/> Radiology Results | <input type="checkbox"/> Other (please specify below): |
| <input type="checkbox"/> Vaccination History | _____ |

By signing below, I release VERGI, its employees and officers from legal responsibility or liability for the release of this information to the extent indicated and authorized on this form. This authorization may be revoked in writing.

_____ Authorization Signature	_____ Print Name	_____ Date
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We want to share your pet's ER story and yet, respect your right to expect privacy unless otherwise instructed.

Thank you for your time and consideration.

Michael Seely, DVM Chief of Staff	Laura Noaker, DVM, DACVIM VERGI Owner
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FOR OFFICE USE ONLY

Your pet requires prompt treatments* for an estimated initial cost of \$ _____ Pet Owner Initials

**allergic reaction, pain medications, induce vomiting, etc.*



Thank You for taking your time to complete this form with all of your pet's information. This will make it easier for us to provide your pet with the best possible care. We appreciate your entrusting the care of your pet into our hands. – The Vergi Team



VERGI247