



Animal Neurology & MRI Center  
Animal ER Center  
Animal Rehab & Fitness Center

**Veterinarians:**  
**Provide continuity of care**  
**At the emergency hospital**

## ***Pet Emergency Treatment System (PETS)*** **Saves Clients Critical Time and Money!**

### **Dear Colleague:**

Should your patients need emergency treatment, **Animal ER Center** of Commerce, Michigan wants to help you make sure they get diagnosed and treated quickly. Our **Pet Emergency Treatment System (PETS)** puts your patients' records at the fingertips of our urgent care veterinarians long before they need them. Working together, we want to provide your patients the best care possible when you can't be there.

### **Registration is easy!**

Tell your clients that registering for **PETS** is easy. They simply contact **Animal ER Center** at 248-960-7200 or [info@animalERcenter.com](mailto:info@animalERcenter.com). We will obtain their information and ask them to contact you for copies of their pet's records. It's that simple.

### **Your clients and their pets benefit from:**

- Quicker diagnosis and treatment.
- Less likelihood of having to repeat costly tests and lab work.
- Awareness of current medications and drug allergies.
- Recognition of chronic or recurring illness and conditions.
- Not having to contact you during off-hours.

### **We treat dogs, cats and exotics**

Our experienced urgent care veterinarians treat dogs, cats, rabbits, iguanas, birds and other pets. All species and breeds are eligible for the program. Clients can register any number of pets.

### **We want to be ready for your clients**

**Animal ER Center** of Commerce, Michigan wants to be here – and READY -- for your clients. Please tell your clients about **PETS** and how they can sign up today! Contact us for more information.

Animal ER Center, 1120 Welch Road, Commerce, MI 248-960-7200  
[www.animalneurology.com/er-center/](http://www.animalneurology.com/er-center/)

# Pet Emergency Treatment System (PETS) Client Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

Alternate Work Phone: \_\_\_\_\_ Alternate Cell Phone: \_\_\_\_\_

Alternate Email: \_\_\_\_\_

## Person responsible for pet in your absence (and who can authorize emergency medical care)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Credit card information: (Can be provided verbally to be added to Animal ER Center's secure database.)

Authorized amount in the event of an emergency: \_\_\_\_\_

## Your Pet's Information

(Please register as many of your pets as you would like.)

Name: \_\_\_\_\_  Dog  Cat  Rabbit  Rodent  Bird  Reptile

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birth date/Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Spayed/Neutered:  Yes  No

Family Veterinarian: \_\_\_\_\_ Hospital Name: \_\_\_\_\_

Name: \_\_\_\_\_  Dog  Cat  Rabbit  Rodent  Bird  Reptile

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birth date/Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Spayed/Neutered:  Yes  No

Family Veterinarian: \_\_\_\_\_ Hospital Name: \_\_\_\_\_

Name: \_\_\_\_\_  Dog  Cat  Rabbit  Rodent  Bird  Reptile

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birth date/Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Spayed/Neutered:  Yes  No

Family Veterinarian: \_\_\_\_\_ Hospital Name: \_\_\_\_\_

Name: \_\_\_\_\_  Dog  Cat  Rabbit  Rodent  Bird  Reptile

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birth date/Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Spayed/Neutered:  Yes  No

**Family Veterinarian:** \_\_\_\_\_ **Hospital Name:** \_\_\_\_\_

Name: \_\_\_\_\_  Dog  Cat  Rabbit  Rodent  Bird  Reptile

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birth date/Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Spayed/Neutered:  Yes  No

**Family Veterinarian:** \_\_\_\_\_ **Hospital Name:** \_\_\_\_\_

Name: \_\_\_\_\_  Dog  Cat  Rabbit  Rodent  Bird  Reptile

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birth date/Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Spayed/Neutered:  Yes  No

**Family Veterinarian:** \_\_\_\_\_ **Hospital Name:** \_\_\_\_\_

The pet owner (or responsible agent) is financially responsible to Animal Neurology & MRI Center and Animal ER Center for all applicable charges pertaining to this pet's care. For patients requiring hospitalization, a deposit of 100% of the low end of the estimate is required in advance for all tests, treatments, and surgeries. The balance is due at the time the patient is discharged from the hospital. Payment may be in the form of cash, personal check (with proper identification), Visa, MasterCard, American Express, or Care Credit. In order to avoid misunderstandings, please let us know immediately if these terms are not satisfactory.

I am the owner of the above pet, or am acting as an agent for the owner, and accept full financial responsibility. I understand payment is due as services are rendered. I, the undersigned, have read and agree to the above financial policy and I understand my financial obligation. I give permission to proceed with any medical and/ or surgical therapy as discussed, needed and agreed upon with the doctor.

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

**Please complete and mail or return this form to:**  
**Animal ER Center, 1120 Welch Rd., Commerce, MI 48390,**  
**fax to 248-960-7201 or email to [info@animalERcenter.com](mailto:info@animalERcenter.com)**  
**Phone: 248-960-7200 [www.animalneurology.com/er-center/](http://www.animalneurology.com/er-center/)**