Emergency Pre-Registration

Client Information			EMERGENCY
Name(s):			. &
Address:			SPECIALTY
City, State, Zip Code:			CENTER
Phone Numbers			G EITT EIT
Home:	_ Cell:	Work:	
Pet Information			
Pet's name:		Species: ☐ Canine ☐ Feline	
Breed:	Age:	Sex: 🗆 Male 🗖 Female 🗖 N	eutered <a>D Intact
Previous/Current Health Concerns: _			
Is your pet on any medications (plea	se list all)?:		
Who is your pet's regular veterinaria	n?		
Additional Pet Information			
Pet's name:		Species: Canine Feline	
Breed:	Age:	Sex: □ Male □ Female □ Neu	itered □ Intact
Previous/Current Health Concerns: _			
Is your pet on any medications (plea	se list all)?:		
Who is your pet's regular veterinaria	n?		
CPR (Cardiopulmonaruy Resuscit To allow for optimal treatment of you (AESC) are assigned a CPR code. T necessary during or following an emo	ation)/DNR (Do I ir pet(s), all patier his code enables ergency. CPR ca	Not Resuscitate) Into hospitalized at Animal Emerge AESC to carry out your wishes if In add \$150 to the final invoice pri	ency & Specialty Center it should become ce.
If it becomes necessary during yo □ No, Do Not Resuscitate (DNR) □ Y			ster CPR?
Financial Information In the event that I am unreachable, I what is necessary to stabilize my per limited to): Radiographs (X-rays), lab initial diagnostic/treatment measures A thorough exam will be performed by veterinarian will create a comprehen prepared. You will be responsible for	t in an emergency poratory testing, a may cost \$250-\$ by the staff vetering sive treatment play any charges income.	y situation. These measures may and injection or pain medication action action. I understand that further test harian. Once you are reached by an for your pet, and an estimate warred at the time of service.	include (but are not dministrations. These sting may be necessary. telephone, you and the vill be
Signature:		Date	o:

ANIMAL