

OWNER INFORMATION

First Name:		Last Name:			
Address:					
City:	State:	Zip:	Email:		
Home phone:		Cell Phone:		Work Phone:	
Driver's License Number:		DL State:	Employer:		
How did you hear about us? <input type="checkbox"/> Friend/Family Member _____ (so we can say thank you!) <input type="checkbox"/> Internet Search <input type="checkbox"/> RegionalVet Website <input type="checkbox"/> My Vet <input type="checkbox"/> Drive By <input type="checkbox"/> Print Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Community Event					Other:

PATIENT INFORMATION & EMERGENCY REFERRAL AGREEMENT

Name:	Species (Dog/Cat/Other)	Breed:
Color:	DOB or Age	Sex: Spayed/Neutered?

Our professional promise to your primary veterinarian is to provide emergency care for your pet when he/she is unable to. Therefore, the identification of a primary veterinarian for your pet authorizes us to release all medical records, and indicates that you understand that you will be referred back to your primary veterinarian for continued or non-emergent care for all pets in your household.

My pet's primary veterinarian is: (Doctor Name) _____

(Hospital Name) _____

Did your Primary Veterinarian or Hospital actively refer you to us? Yes No

I have read and agree to the Emergency Referral Policy.

Client Signature _____ Date _____

CPR CODE SELECTION

Regardless of the nature of your pet's emergency, our hospital policy is to require the selection of a CPR code as a precautionary measure. Please read the description of our codes and make your selection below.

RED: No CPR is administered during cardiac arrest. This is generally appropriate for terminally or gravely ill patients. By choosing this code you give the permission to administer medications necessary to rapidly eliminate any possible suffering.

YELLOW: Closed chest CPR consists of ventilation, cardiac compressions, and administration of resuscitative medications in an attempt to save your pet's life. This is **generally appropriate for most patients** with treatable illness, anesthesia related cardiopulmonary arrest or trauma.

GREEN: Open chest CPR includes all the items in the yellow code description above, along with surgically opening the chest and performing cardiac massage. This is a very invasive procedure with extensive recovery measures and may be appropriate for patients with treatable illness, anesthesia related cardiopulmonary arrest or trauma.

There is a **CPR fee of \$250 per 15 minutes (may take up to 45 minutes)**. (Green Code incurs additional surgical cost)

I choose the following code for my pet: _____

Client Signature _____ Date _____

DO NOT WRITE IN THIS SECTION (FOR HOSPITAL STAFF USE ONLY)	Client #	Arrival Time:	Attending Doctor:	Discharge Doctor:

IMMEDIATELY NOTIFY THE RECEPTIONIST OR NURSE OF ANY LIFE THREATENING CONDITION SUCH AS DIFFICULTY BREATHING, MAJOR TRAUMA, GENERALIZED WEAKNESS OR COLLAPSE

MEDICAL HISTORY

Owner's Name:	Pet's Name:
Reason for Visit	When did you notice these signs?
Does your pet take any medication?	What pet food does your pet eat regularly?
Pet's Allergies/Sensitivities:	Any history of seizures?
Please list and date any medical problems or surgery your pet has undergone:	
Additional comments which would be helpful to our emergency veterinarian:(continue on back of paper if more space is needed)	

TREATMENT AUTHORIZATION

I, the undersigned owner, or Good Samaritan responsible for seeking emergency care for the identified pet above, certify that I am eighteen years of age or older. I authorize the staff and veterinarians at Regional Veterinary Emergency and Specialty Center to perform medical and initial diagnostic/surgical procedures on my pet as required for diagnosis and treatment. I understand that I can terminate treatment at any time by notifying any member of the Health Care Team.

Client Signature _____ Date _____

PHOTOGRAPH RELEASE

I hereby authorize Regional Veterinary Emergency & Specialty Services to publish photographs taken of my pet and for use in the print, online and video-based marketing materials, as well as other Company publications.

Client Signature _____ Date _____

FINANCIAL POLICY AGREEMENT

The Health Care Team at Regional understands that you want to do what is in the best interest of your pet. Sometimes the cost associated with these decisions can be difficult to understand. That is why we work to provide you with several options that will benefit your pet, allow for the optimum quality of life, and enable you to feel more comfortable with your choice.

To give you a better sense of the cost involved in treating your pet's medical condition, a Health Care Team Member will develop a care and treatment plan that will include an approximate range of charges that may be incurred for services and procedures while your pet is hospitalized or undergoing diagnostics.

We require an emergency exam fee of \$135 (\$185 on holidays and in extreme weather conditions) prior to your exam. Medications and diagnostics are additional and should you agree to these items, **PAYMENT IN FULL WILL BE DUE AT THE TIME OF SERVICE.**

We accept all major credit cards, Care Credit, and cash or personal check with a valid driver's license.

WE DO NOT OFFER BILLING OPTIONS (Please see a receptionist if you would like to apply for Care Credit.)

If it is recommended that your pet be hospitalized, a 75% deposit based on the care and treatment plan is required at the time of admission. Additional charges that may cause your bill to exceed the highest end of this plan will be relayed to you by the business office. Additional deposits may be needed as your pet's care and treatment plan changes. We make every effort to give you a reasonable cost prediction based on your pet's initial medical needs, but those needs may change over time.

We are pleased to provide the highest standard of care for your pet. However, your financial obligation remains regardless of the outcome for your pet. Should you elect to discontinue or modify your pet's treatment plan; a nurse or doctor responsible for the care of your pet needs to be notified of the change.

I have read and agree to the Financial Policy.

Client Signature _____ Date _____