

**🐾WELCOME TO EMERGI-PET🐾**  
**231 McFarland Blvd. Suite 1, Northport, AL 35476**  
**🐾 Phone 205-752-1309 🐾 Fax 205-752-1396🐾**

Patient# \_\_\_\_\_

Client# \_\_\_\_\_

**Your Name:** \_\_\_\_\_ **Do you already have an account?** Yes/ No  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Place of employment:** \_\_\_\_\_ **Work #:** \_\_\_\_\_  
**Last 4 Social Security:** XXX-XX-\_\_\_\_ **Driver's License:** \_\_\_\_\_  
**Secondary Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Payment Method:** Cash/ Check/ Credit Card/ Care Credit/ Scratch Pay

**Pet's Name:** \_\_\_\_\_ **Veterinarian:** \_\_\_\_\_

**Sex:** (Male/ Neutered) or (Female/ Spayed) **Age:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Color:** \_\_\_\_\_


**Reason for Visit:** \_\_\_\_\_

**Symptoms:** Trauma/ Pain/ Seizure/ Lethargy/ Coughing/ Sneezing/ Diarrhea/ Vomiting/ Urinary Problems

**List all medications or home remedies your pet has received or is currently taking:**

**Has your pet been vaccinated in the past 12 months?** Yes/ No **If Yes, by your veterinarian?** Yes/ No

**Is your pet on heartworm prevention?** Yes/ No **If Yes, what brand?** \_\_\_\_\_

 **Facts about CPR:** Pets that have survived cardiopulmonary arrest and have been successfully resuscitated (CPR) are extremely critical and unstable. The likelihood of re-arrest is high and usually occurs within 4 hours of the initial arrest. This means that there is only a 20% chance that your pet will stay alive for the first 4 hours after resuscitation. Long term survival is even graver and may be as low as 1%.

\_\_\_\_\_ **Yes, resuscitate my pet in the event of cardiopulmonary arrest at the minimum cost of \$75.00.**

\_\_\_\_\_ **No, do not attempt to resuscitate my pet in the event of cardiopulmonary arrest.**

**PLEASE READ THE FOLLOWING CAREFULLY**

I hereby authorize the doctor on duty and doctor's assistants to perform a physical exam on the above described pet(s) and to provide an estimate for recommended services and treatment.

I understand that my pet(s) will receive emergency treatment *only* and that it may be released before all medical problems are known or treated. I will arrange for follow-up treatment as instructed.

I understand that emergency patients must be removed from the clinic daily no later than 30 minutes prior to closing (7:00 am). I agree that any patient not removed shall be deemed to have been abandoned. Once the pet(s) has been abandoned, you will be charged a reasonable amount until we can legally dispose of your animal. You will also be turned over to collections within 14 days for any unpaid balance.

It is the owner's responsibility to transport pet(s) to their regular veterinarian for continued treatment.

**I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY AND PROCEDURE HANDOUT.** \_\_\_\_\_

I authorize Emergi-pet to fax medical records for this visit to my regular veterinarian. (Initial)

**Signature of Owner or Authorized Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

-----**DO NOT WRITE BELOW THIS LINE**-----  
Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ MM: \_\_\_\_\_ CRT: \_\_\_\_\_ Weight: \_\_\_\_\_