

Admission Information

Pet Information

Pet Name: _____

Species: _____ **Breed:** _____ Gender: _____ Neutered: _____

Age or DOB: _____ Color and/or markings: _____

Previous medical problems: _____

Regular Vet Hospital: _____ **Doctor:** _____

Owner Information

Name (Last, First): _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ (Home, Cell, Work, Other)

Other phone numbers: _____ (Home, Cell, Work, Other)

_____ (Home, Cell, Work, Other)

Immediate Critical Care Estimate and Authorization

My pet is in need of immediate critical care. I authorize an immediate estimate of \$600-\$800. I understand that payment of these authorized charges is due at the time services are performed.

I have read, understand, and agree to the accompanying Authorization: _____ (initial).

CPR Code

In the event of a respiratory or cardiac arrest episode, I authorize the doctors and staff of Animal Emergency Hospital of Redmond to perform the following Cardiopulmonary Resuscitation (CPR) efforts (check one and initial):

- _____ DNR (Do Not Resuscitate): I understand that no efforts will be made to resuscitate my pet.
- _____ Basic CPR: This includes ventilation support and closed chest compressions along with required diagnostics, monitoring and medications. An additional cost of \$400-\$800 is authorized on top of any previously discussed estimate.
- _____ Advanced CPR: This includes Basic CPR plus any more-advanced treatments such as open-chest CPR, advanced life support and diagnostics as deemed necessary by the doctor(s). An additional cost of \$800-\$1200 is authorized on top of any previously discussed estimate.

Acknowledgement

By signing below, I acknowledge, and agree to pay the **initial exam fee (\$85)**. Any further diagnostics or treatments (except as otherwise noted above) will be discussed and an estimate presented.

By signing below, I acknowledge, and agree that payment is due at the time services are rendered. The balance may be paid by cash, credit card or debit card. Checks are not accepted. Payment plans are not available, and the Animal Emergency Hospital of Redmond does not bill for services.

- I allow Animal Emergency Hospital of Redmond to use photographs of my pet on their website and social media sites.

Signature: _____ **Date:** _____

How did you hear about us? Regular Vet Personal Referral Online (Google, Bing, Yahoo, Yelp, _____)
 Newspaper Drive-by Flyer Mailer Other: _____