



Keys Animal ER at Cruz Animal Hospital

Patient (Animal/Pets) Name: _____ **Birthdate/Estimated Age:** _____

Species: Canine Feline Other _____ **Breed:** _____

Gender: Male Female Unknown **Status:** Intact Spayed/Neutered Unknown

CPR Status: CPR (cardiopulmonary resuscitation) DNR (do not resuscitate) Up to Doctor

Presenting Complaint: _____

Prior Medical History: _____

Current Medications: _____

Regular/Referring Veterinarian: _____

Client Name: Last name _____, First _____

Co-owner/spouse/pet sitter: Last name _____, First _____

Best Phone # _____ **Other Phone #(s):** _____

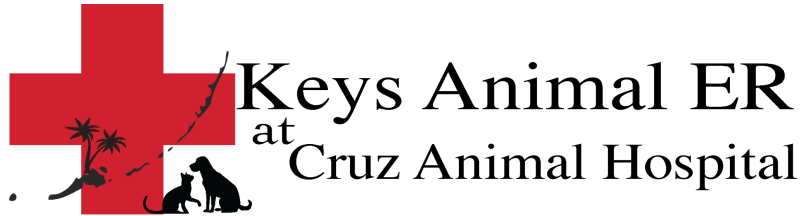
Email Address: _____

Local Address: Street _____ Apt _____

City _____ State _____ Zip _____

Other Address: Street _____ Apt _____

City _____ State _____ Zip _____



Keys Animal Emergency Room at Cruz Animal Hospital is dedicated to be available for compassionate and quality care for all animals.

The following disclosures are hospital policies to ensure the well being of your pets and our staff. Please feel free to ask a staff member any questions or concerns.

Consent to Treat:

I confirm I am at least 18 years of age and the owner (or authorized agent of the owner) for the pet(s) listed. With my signature, I authorize the veterinarians and staff of the KAER @ Cruz Animal Hospital to examine, treat, administer medications and perform diagnostic procedures, and hospitalize my pet if the doctor(s) deem it necessary for the health, safety or well being of my pet. I agree to assume responsibility for all changes incurred in the care of my pet(s).

Financial Disclosure:

Payment is due at time of service. Our policy is to provide you with a written estimate of fees for any case where in hospital treatment, emergency care, surgery or hospitalization will be provided. We require 100% of the low end of the deposit at the time of hospitalization. We are dedicated to providing the best possible care to your pet. We accept credit cards, cash and under some circumstances checks for your convenience. Any balance 90 days past due will be sent to collection and you will be responsible for any fee our office incurs through the process utilized to collect the outstanding delinquent balance.

Signature: _____ Print Name: _____

Social Media Disclosure:

I give consent and agree that KAER @ Cruz Animal Hospital may take photographs, videotape or digital recording of my pet(s) and release all rights to exhibit this work in print and electronic form publicly or privately. Photos may be used on our website or other internet or print media.

Signature: _____ Print Name: _____

Please check here if you DO NOT give consent allowing KAER @Cruz Animal Hospital to photograph your pet or post photos of your pet on social media.