



Keys Animal ER at Cruz Animal Hospital

Patient (Animal/Pets) Name: _____ **Birthday/Age:** _____

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

Microchip: Yes No Chip #: _____ **Color/Markings:** _____

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: _____

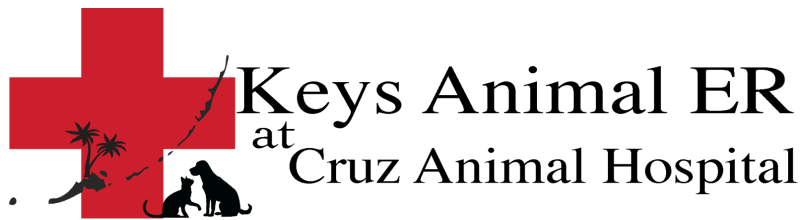
Local Address: Street _____ Apt _____

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 Keys Animal ER at 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 charges incurred in the care of my pet(s).

Financial Disclosure:

Payment is due at the time of service. Our policy is to provide you with a written estimate of fees for any case wherein hospital treatment, emergency care, surgery, or hospitalization will be provided. We require a 100% deposit of the low end of the estimate 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.

No-Show Policy Disclosure:

Clients who accumulate multiple no-show instances may be required to prepay for their next appointment in advance to secure the appointment slot. In the event of a missed appointment after prepayment, the advance payment made is non-refundable.

Urgent Care Hours Disclosure:

Our Urgent Care Hours are from 5:00 PM to 8:00 AM Monday through Friday and all day Saturday & Sunday. Please be aware that appointment times during these hours are for check-in purposes only, as we prioritize cases based on urgency. Additionally, Urgent Care Exam Fees apply during these hours and are priced differently than regular exam fees. For current pricing details, feel free to ask our staff.

Social Media Disclosure:

I give consent and agree that Keys Animal ER at Cruz Animal Hospital may take photographs, videotape, or digital recordings 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.

Please check here [] if you DO NOT give consent allowing Keys Animal ER at Cruz Animal Hospital to photograph your pet or post photos of your pet on social media.

By signing below, I confirm that I have read and agree to the conditions within the disclosure.

Print Name: _____ Date: _____

Signature: _____

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