

CLIENT INTAKE FORM

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Other: _____

Email: _____

Employer: _____ Work Phone: _____

Best ph. # to call: Home Cell Work Other

Have you been here before? Yes No

Authorized Party (if other than owner): _____

Reason for Visit? _____

Referring Veterinarian: _____ Referring Clinic _____

Family Veterinarian/Clinic (if different):

Do you qualify for a senior citizen discount (65 years or older): YES NO

Pet's Name: _____ Breed: _____ Age (approx): _____

Color: _____ Birth date (if known): _____ Species: Canine Feline Other _____

Sex: Female Male

Is your pet Spayed or Neutered? Yes No Weight: _____ KG

Initial Presenting Problem:

Known Allergies?

Chronic Health Conditions? (please describe)

Is your pet on **any** medications, pain killers (including aspirin), supplements, or special diet?

Yes No

Please specify, including dosages and frequency:

OVER

If it becomes necessary during your pet's visit, would you like us to administer CPR?

- No, Do Not Resuscitate (DNR)** **Yes, Please administer CPR**

Key Messages:

CPR is used to attempt to restore heart rhythm and breathing.

A DNR tells the veterinary care team not to give CPR if your pet's heart and/or breathing stop.

About CPR

CPR (cardiopulmonary resuscitation) is a combination of chest compressions and rescue breathing given to a pet whose heart has stopped beating and/or has stopped breathing.

CPR may include the following:

- Manual chest compressions (performed using the hands)
- Defibrillation (a brief electric shock applied to the chest to restore a normal heart rhythm)
- The use of drugs to stimulate the heart
- Insertion of breathing tube down the throat into the lungs

How did you hear about us? Veterinarian Referral

Search Engine: Google, Yelp, Bing, Angie's List, Yahoo, Other: _____

Website Friend Street Sign Yellow Pages

Advertisement: Where? _____

Other _____

Method of Payment (Please check one): Credit Card Check Cash Other _____

The Ladybug Fund

Alpenglow VSEC is committed to providing high-level care at a reasonable cost, but the costs of veterinary treatment are often stressful and unexpected. Alpenglow Animal Critical Care + Emergency (AACCE) partners with a foundation called the Lady Bug Fund to ease the strain on our clients experiencing financial hardship in a pet emergency. If you would like to make a donation to the Lady Bug Fund to help a community member in need, please inform us, and one of our client care members will provide you with information on how, and where to donate.

Treatment Authorization and Information/Photo Release

I am the owner or the agent of the owner, of the above-described pet and have the authority to execute this agreement. I authorize Alpenglow Veterinary Specialty + Emergency Center (RMVC and/or AACCE and/or AMVS) to examine and treat the above pet. I have read and agreed to the financial policy of AVSEC, RMVC, AACCE, AMVS. I accept full financial responsibility for the pet. I understand that payment for diagnostic tests and treatment that I authorize in writing or verbally will be due at the time my pet is dismissed from the hospital. I also understand that if my pet is hospitalized by AACCE, he/she will need to be picked-up the next day prior to AACCE closing at 8:00AM.

If another veterinarian has referred me to this hospital, I understand that they will receive a summary of the care and treatment provided by AVSEC, and/or (RMVC, AACCE, AMVS) in order to ensure that my pet's care can be continued without interruption. I also understand that AVSEC, RMVC, AACCE, AMVS consider the identification of a referring veterinarian by me to be my authorization to release records and information to that veterinarian.

Case information and/or photos may be used in teaching, continuing education, and veterinary literature. I authorize release of case/patient information for such purposes; patient confidentiality will be maintained. In the event of ownership transfer, I authorize the release of medical information to the new owner of this animal.

Financial Policy

Payment is due as services are rendered. For hospitalized cases, a deposit is required in advance. The balance is due upon discharge from the hospital. You may pay by cash, personal check, Care Credit, or Visa/MasterCard credit cards. In order to avoid any misunderstandings, please let us know immediately if these terms are not satisfactory. Checks will be made payable to one of the following: RMVC, AACCE, AMVS

Signature: _____ Date: _____