



B U F F A L O V E T E R I N A R Y G R O U P

EXTRAORDINARY PETS • EXCEPTIONAL CARE

CLIENT INFORMATION

Name: _____ Spouse's Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Preferred method of contact? Home/Cell/Work: _____

Have you ever been to this emergency facility before? Yes No Unsure

PATIENT INFORMATION

#1-Pet Name: _____ Breed: _____ Color: _____

Date of Birth/Age: _____ Sex: M F Spayed Neutered

Has your pet been to another Veterinarian? Yes No

Name of Veterinarian or Hospital: _____

Is your pet up to date on his/her rabies vaccine? Yes No Unsure

What medications or supplements is/are your pet(s) receiving? _____

IN OFFICE USE

Date: _____ Time: _____ Exam Room #: _____ Veterinarian: _____

Weight: _____ T: _____ P: _____ R: _____ CRT: _____ MM: _____

Reason for visit: _____

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PAYMENT POLICY

We accept cash, Mastercard/VISA/Discover/American Express, Wells Fargo and CareCredit. Payment is expected when services are rendered. We will gladly prepare you a written estimate of services prior to the treatment of your pet if you desire. I realize and understand that I am financially responsible for the care and treatment of my pet(s). I further agree that in the case of non-payment, a finance charge or interest fee and collection fees will apply.

Signature of Owner:

Date: {TodaysDate}

EMERGENCY AUTHORIZATION TO STABILIZE PET

Should my pet named {AnimalName} require cardiopulmonary resuscitation (CPR), including cardiac compression, positive pressure respiration, emergency drugs, or other heroic interventions, I request that the doctor(s) at {DepartmentName} pursue such medical care as they deem necessary. Having requested such emergency procedures, I agree to be held responsible for the resuscitation fee. Regardless of my pet's survival, I agree to pay this fee in addition to the other fees already identified by the practice and agreed upon by me. I understand that despite the best efforts of the doctors and staff at this facility, even the most successful CPR that stores my pet's life may not allow my pet to regain his normal mental and physical health.

I elect not to have the staff pursue any CPR procedures for my pet and, instead, request that the attending doctor assist my pet in dying a peaceful death.

In an attempt to save your pet's life we need your **IMMEDIATE** authorization to stabilize him/her as well as for financial responsibility.

- I authorize {DepartmentName} to attempt to stabilize my pet immediately.
- I understand and agree to pay a **minimum of \$750.00.**
- I understand the continued treatment and/or repair will cost more.

Signature of: Owner Agent

Date: {TodaysDate}