

ARROW ANIMAL URGENT CARE

Client/Patient Registration Form

Client Information

Name (owner/s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email:_____

Regular Veterinary Clinic (required) _____

Patient Information

Pet's Name _____ Age/Birthdate _____

Choose one each:

☐ Dog ☐ Cat ☐ Male ☐ Female ☐ Spayed/Neutered ☐ Intact

Breed _____ Color/Markings _____

Reason for visit today: _____

Please list current medications and previous health issues:

_____

My pet is (check any that apply):

☐ Anxious ☐ Dog reactive ☐ Requires a muzzle ☐ May bite/scratch

By signing below, you certify that you are over the age of 18 and are the owner (or authorized agent) of the above-described patient. You authorize Arrow Animal Urgent Care personnel to treat your pet. You understand that you are not guaranteed a successful outcome and you shall not hold the hospital (or its affiliates, employees, agents, or contractors) liable for procedures performed and recovery of your pet. You understand that a deposit of at least 75% of your estimate may be required prior to treatments. Full payment for services rendered will be required prior to the discharge of your pet. You understand you are responsible for all costs incurred and if it becomes necessary to pursue legal action to recover the balance due, you agree to pay all collection, attorney and court fees associated in addition to a service fee. **Initial: _____**

INITIAL EXAM FEE: $165

Signature: _____ Date:_____

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Consent/Decline Directive for Cardiopulmonary Resuscitation (CPR)
and Release of Legal Liability

Should, based on the medical judgment of an Animal Diagnostic Veterinarian, my pet, require cardiopulmonary resuscitation (CPR), including cardiac compression, positive pressure respiration, emergency drugs, or other heroic interventions, I request or decline that the doctor(s) at Arrow Animal Urgent Care pursue such medical care as indicated below.

REQUEST CPR

Having requested such emergency procedures, I agree to be held responsible for a minimum resuscitation fee of $510 to pay for the services performed while staff members pursue treatment and try to reach me for further directions. 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 agree that if the Arrow Animal Urgent Care staff is unable to reach me within 15 minutes after the initiation of CPR procedures, and after exercising reasonable medical judgment, a veterinarian determines that there appears to be virtually no hope for medical success, the future CPR procedures will cease. I have been informed by Arrow Animal Urgent Care and understand that despite the best efforts of the veterinarian and staff at Arrow Animal Urgent Care, CPR may not save my pet's life. I also understand that even the most successful CPR that restores my pet's life may not allow my pet to regain his/her normal mental and physical health, and thus may leave him/her as invalid.

_____ I request CPR.

DECLINE CPR

DO NOT RESUSCITATE MY PET. I have read the above information and release. I agree to the above terms and request that **NO CPR BE PERFORMED ON MY PET**.

_____ I decline CPR.

Signature: _____ Date: _____

Pet's Name: _____

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Other Consent/Decline Directives

I authorize Arrow Animal Urgent Care permission to call my primary vet for records.

Initial: _____

I acknowledge that Arrow Animal Urgent Care operates on a first-come/first-served basis and the wait times may vary between 2-6 hours or more.

Initial: _____

I authorize Arrow Animal Urgent Care permission to take photographs and videos of my pet(s). I understand this material may be used on AAUC's social media accounts and website.

Initial: _____

I consent to receive SMS messages from Arrow Animal Urgent Care. Message rates may vary. Not all carriers are covered. Standard message and data rates may apply. I may update my preference and cancel my consent by notifying AAUC at any time or by replying CANCEL/STOP to any message I have received from you.

Initial: _____

I understand that a 3% surcharge fee will be added to any transactions completed with credit card.

Initial: _____