



SERIOUS SCIENCE • COMPASSIONATE CARE • 24/7

2700 Lake Vista Drive
Lewisville, TX 75067
972.820.7099 / 972.820.7018 [FAX]
info@cvsecVET.com

ER PRE-REGISTRATION

We believe it is important to encourage Pet Owners and Guardians to plan for an emergency before one happens. Too often, we are faced with tough choices about our Pets when we are least prepared to make them. To that end, the **Center for Veterinary Specialty + Emergency Care** provides pre-registration for Pet Owners so that holidays, vacations, and even every-days for you and your Pet can be a little less stressful if a health emergency arises.

Pre-registration enables you to map out your needs and desires calmly and decisively in advance of a visit to an emergency facility. In addition, the information gathered enables boarding facilities, Pet sitters, and anyone else in charge of your Pet to act knowingly on your behalf in the event of an emergency. What kind of treatment can the hospital administer? What medications is the Pet taking? How much are you willing to spend on treatment or care? What are your wishes if dire circumstances arise? These are all questions to answer before an emergency occurs. Pre-registration with us ensures preparedness for any and every situation with your family member!

There is no charge or fee for pre-registration. It is simply a proactive way to channel your wishes for your Pet(s) when you cannot be present. While we sincerely hope that you never require an emergency visit with your Pet, as a specialty and emergency facility, we know that some visits to us are unforeseen and unplanned. Pre-registration allows both you and us to plan for the unplanned.

To pre-register your Pet, please visit the “For Clients” section of our website at cvsecVET.com. You can email (info@cvsecVET.com), fax (972.820.7018), or mail us your completed form. Please call us at 972.820.7099 with any questions, and we look forward to working with you and your Pet!

CLIENT

Name(s):

Address:

City / State / Zip:

Primary phone:

Secondary phone:

Email:

Someone else we can contact if we cannot reach you (name / relationship / phone #):

PATIENT

Pet's name:

Species: Canine Feline

Breed: _____ Age: _____

Sex: Male Female | Neutered

Previous / Current Health Concerns:

Medications (please list all, including doses and strength):

Who is your Primary / Family Veterinarian?

ADVANCED DIRECTIVE

To allow for optimal treatment, all hospitalized Patients are assigned a CPR code which enables us to carry out your wishes if it should become necessary during or following an emergency. In the event that my Pet arrests (stops breathing or their heart stops) while at Center for Veterinary Specialty + Emergency Care, I authorize the following level of CPR (please initial your choice in the box):

- Do Not Resuscitate (or DNR).
- Normal CPR – involving chest compressions, oxygen therapy and medications such as epinephrine, atropine, etc. (approximate cost for this option is \$400-500).
- Aggressive CPR – involving open-chest heart massage, oxygen therapy, and any medications deemed necessary (not necessary in patients under 50 lb and approximate cost for this option is \$500-800).

FINANCIAL CONSIDERATIONS

In the event that I am unreachable, I hereby authorize Center for Veterinary Specialty + Emergency Care to do what is necessary to stabilize my Pet in an emergent situation. These measures may include (but are not limited to) radiographs (x-rays), laboratory testing, and medication administration. These initial diagnostic / treatment measures may cost \$500-1000. I understand that further testing may be necessary. A thorough exam will be performed by the attending Veterinarian. Once you are reached by telephone, you and the doctor will discuss a comprehensive treatment plan for your pet, and an estimate will be prepared. You will be responsible for any charges incurred at the time of service.

Signature: _____

Date: _____