



COUNTY ANIMAL HOSPITAL

EMERGENCY CONTACT INFORMATION

Complete form online and Print or Print and complete offline. Bring form to CAH on day of boarding your pet.

Date: _____

Owner's Name: _____

Pet's Name(s): _____

Contact Phone Numbers _____

Emergency Contact Name: _____

Alternate Tele. No. _____

If an unforeseen event occurs and emergency treatment is needed for your pet please indicate to what level you would like us to proceed if we cannot reach you immediately:

Do not administer emergency care without talking to me or _____ first.

Administer only what is immediately necessary to save the life, but do not perform further diagnostic work ups until you have spoken with me or _____.

Please perform any life saving needs required in the event of an emergency if I cannot be reached immediately.

Do Not Resuscitate

NOTE: We will continue to attempt to contact you as soon as possible regarding your pet's health in the case of an emergency. (Please make sure we have current contact and emergency contact information from you).

I want to fill out this form each time I leave my pet for boarding/hospitalization, OR

The information contained above remains in effect for one year from the date below.

I accept full financial responsibility and agree to settle the balance as services are rendered, or upon discharge. I agree to pay any costs and charges necessary for the collection of any amount not paid when due.

Signed: _____ Date: _____

(All information will be kept in CAH records for 1 year.)