



Hudspeth Animal Hospital New Client FORM

Today's Date:	Primary Veterinarian:
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CLIENT INFORMATION

Client Name: (First)	(Surname):
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Address: (street)	City:	State:	Zip code:
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Cell Phone #:	Home Phone #:	Emergency Contact: Phone #:
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Email Address (PRINT):

PATIENT INFORMATION

Patient Name:	Birth date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> MN <input type="checkbox"/> F <input type="checkbox"/> FS	Breed: Color:
Neutered or Spayed			

Allergy:	Up to date on Vaccines <input type="checkbox"/> Yes <input type="checkbox"/> No	Alerts:	Current Medications: 1. 2. 3. Other:
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IN CASE OF EMERGENCY

***CPR – Cardiopulmonary resuscitation.** The recommendations for **CPR in dogs** and cats include the following: Perform 100 to 120 chest compressions per minute of one-third to one-half of the chest width, with the animal lying on its side. Ventilate intubated **dogs** and cats at a rate of 10 breaths per minute. – AVMA. This will incur an additional fee of \$300 - \$500. Please indicate your decision for the medical staff to initiate CPR or DNR (do not resuscitate). By marking and initializing the appropriate area below you agree to:

1. CPR _____ initial 2. DNR _____ initial

I hereby authorize the veterinarian on duty to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges are to be paid at the time of release and that a deposit may be required for treatment or surgery.

Client signature	Date
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