# WAG ANIMAL ER — PATIENT REGISTRATION & CONSENT FORM

PRINTABLE PDF FORM

**Instructions for Pet Owners:** Please complete this registration form upon arrival or print and bring it with you to streamline check-in.

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|---|---|
| **Owner Full Name:** _____ | **Co-Owner / Emergency Contact:** _____ |
| **Primary Phone:** _____ | **Alternate Phone:** _____ |
| **Street Address:** _____ | **City, State, Zip:** _____ |
| **Email Address (for medical records transfer):** _____ | |

| | | |
|---|---|---|
| **Pet Name:** _____ | **Species:** [ ] Dog [ ] Cat [ ] Other | **Breed:** _____ |
| **Age / DOB:** _____ | **Sex:** [ ] Male [ ] Neutered [ ] Female [ ] Spayed | **Weight:** _____ lbs / kg |
| **Primary Care Veterinarian / Clinic:** _____ | | **Rabies Vaccination Date:** _____ |
| **Current Medications & Known Drug Allergies:** _____ | | |

## HOSPITAL POLICIES & EMERGENCY TREATMENT CONSENT

- **Medical Triage Policy:** Patients are evaluated and treated based on medical urgency, not arrival order. Life-threatening emergencies receive immediate priority care.
- **Financial Policy & Initial Deposit:** An examination fee is required at check-in. If hospitalization or diagnostic work is necessary, a detailed estimate will be provided, and a 50%–100% deposit is required prior to initiating non-emergency stabilization treatments.
- **Cardiopulmonary Resuscitation (CPR) Directive:** In the event of cardiac or respiratory arrest:
  - ☐ **AUTHORIZE CPR:** I request emergency resuscitation efforts (Initial CPR fee applied).
  - ☐ **DO NOT RESUSCITATE (DNR):** Do not attempt resuscitation; provide humane comfort care.

**Owner / Authorized Agent Signature:** _____ **Date:** _____