



# Emergency Registration Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_

## CLIENT INFORMATION

Name: \_\_\_\_\_ **DL# and State:** \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Additional #: \_\_\_\_\_

Additional Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

## PATIENT INFORMATION

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog or Cat: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_

Color: \_\_\_\_\_ Male or Female? \_\_\_\_\_

Has your pet been Spayed or Neutered? \_\_\_\_\_

Who is your family Veterinarian/Clinic? \_\_\_\_\_

Family vet phone number and City/State: \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

Upstate Vet uses client's contact information to share reminders, patient updates, and service information. I give Upstate Vet permission to contact me via phone call, text and email. Yes  NO

SMS message frequency from (864) 233-7650 varies based on your interaction with Upstate Vet. Message and data rates may apply; check with your mobile carrier for applicable rates. Terms & Conditions and Privacy Policy can be found on our website at [upstatevet.com](http://upstatevet.com). Text us HELP for assistance or OPT OUT to stop receiving SMS.

**Resuscitation Directive:** At Upstate Vet, your pet's well-being is our top concern. In the unforeseen event that a life-threatening situation should arise, we need your guidance as how to proceed. We are aware that this is a highly sensitive topic, but it is extremely important that we follow your wishes. **Please check one of the choices:** CPR  DNR



**Client Name - Pet Name:** \_\_\_\_\_

**Rabies Policy for Upstate Vet**

**Is your pet current on its rabies vaccination?**  **Yes**  **No**

Animal bites are a common and serious public health problem. Bites can result in transmission of disease including rabies. This document outlines the required management of a dog or cat that has bitten an employee while at Upstate Vet. **These requirements are based on South Carolina Code of Laws, Title 47 known as the “Rabies Control Act”.** Refer to [www.scdhec.gov](http://www.scdhec.gov) for additional information not covered by this document.

**Rabies Vaccinations:**

A pet owner must have their pet vaccinated against rabies. The rabies vaccine must be given by a licensed veterinarian.

**Reporting to DHEC (Department of Health and Environmental Control):**

All animal bites will be reported to DHEC within 48 hours. The employee that was bitten and the owner of the pet will receive a phone call from DHEC to go over information.

**Mandatory Post-bite Quarantine:**

DHEC requires any dog or cat which has bitten a person to be quarantined for a minimum of 10 days. This quarantine may be done at a veterinary clinic or at the owner’s home. If quarantined at the owner’s home the pet must be kept indoors at all times other than short leash walks. Quarantined animals may be treated by a veterinarian, but the rabies vaccine should not be administered until after the quarantine period is complete. At the end of quarantine, the pet should be reexamined by a veterinarian and the results documented.

**Rabies testing:**

Rabies can only be diagnosed by testing an animal’s brain tissue. Unfortunately, if an animal dies or is euthanized before a 10-day quarantine period is over, the animal may need to be tested for the rabies virus. UVS and DHEC (rabies control) will be notified of the pet’s passing and will decide if the animal needs to be tested. Current rabies vaccine information is needed so that our staff can properly handle any potential rabies threat. If vaccine history is unknown please be aware of the potential steps (see above) that will be taken if your pet bites an employee while at Upstate Vet.

**Payment Policy for Upstate Vet**

Upstate Vet operates solely on the funds collected from the treatment and care of your pets. We are not subsidized by any organization, private or public; therefore, we must adopt a strict payment policy in order to provide you and your pet the best possible care. Upstate Vet does not bill or offer any type of payment plans. For those clients that may need financial assistance to provide for their pet’s care and treatment, please ask our receptionist about the Care Credit Plan.

**Upstate Vet requires that all fees be PAID IN FULL when service is rendered (Our Emergency Exam Fee is \$210 and our Specialist Exam Fee is \$250). Additional Fees will be estimated in a Treatment Plan by the Attending DVM at your request.)**

Any balance left unpaid upon completion of services will be subject to billing fees.

I understand that failure to pick up this animal and pay all charges incurred during treatment will result in this animal being transferred to an appropriate animal shelter pursuant to State Ordinance 47-3-75 subsection A, dated May 19, 2000. Sub-section C of said ordinance states, “A person who fails to pick up an animal provided for in subsection A, who fails to pay his boarding fees in a timely manner, or who abandons an animal at an animal hospital, a dog kennel, a cat kennel, another animal care facility, or boarding facility is guilty of a misdemeanor and upon conviction, may be imprisoned not more than thirty days or fined not more than two hundred dollars.”

*I, as the owner or responsible party, agree that the above information is accurate. I have also read and understand the rabies policy of Upstate Vet. I authorize Upstate Vet to administer such treatment as is necessary and is considered therapeutically and/or diagnostically necessary on the basis of findings during the course of the evaluation. I also consent to the administration of such anesthetics as are necessary. I also certify that no guarantee or assurance has been made as to the results that may be obtained. Furthermore, I assume all financial responsibility for charges incurred to the patient, consent to release of medical information, and authorize direct payment to Upstate Vet. I understand that I am liable for all collection costs, up to 100%, incurred for this account.*

*My electronic signature indicates I have read, understand, and agree to the payment agreement and the rabies policies as outlined above as well as the procedures governing them.*

**Client Signature:** \_\_\_\_\_

**I, as the owner or responsible party, confirm that I am over the age of 18. Please see a Customer Service Representative if you are under the age of 18.**