



Veterinary Surgical Center  
of Long Island

# VSCLI Emergency Intake Form

Patient Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Species (Dog/Cat): \_\_\_\_\_ Breed: \_\_\_\_\_ Sex (include if spayed/neutered): \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ VSCLI Veterinarian: \_\_\_\_\_

Pet Insurance: Yes / No Name Insurance: \_\_\_\_\_ Insurance ID: \_\_\_\_\_

\_\_\_\_\_ CPR (Cardiopulmonary Resuscitation) \_\_\_\_\_ DNR (Do Not Resuscitate)

**Please provide answers for all the following questions:**

|  |                                    |
|--|------------------------------------|
| Please provide the best contact information to reach you   | 1.) _____<br>2.) _____             |
| Please describe why your pet is here today? Include location on the body, and if on the R or L side of the body. |                                    |
| Will your pet have any of the following (please circle)?   | X-ray    CT Scan    MRI    Surgery |
| When did your pet last eat?  |                                    |
| Is your pet currently taking any medications/supplements? If so, please list them with the dosage.               |                                    |
| When was the last medication/supplement given? (Day & time)  |                                    |
| Does your pet have any medication allergies?   | Yes / No    List:                  |
| Does your pet have any food allergies or on a prescription diet?   | Yes / No    List:                  |
| Are there any further health issues, or concerns, you would like to discuss with the Veterinarian?               |                                    |
| Are there any special instructions we should be made aware of (ie: nervous with men, anxiety, etc)               |                                    |