



Pet Emergency Action Kit

Animal emergency preparedness is something most people don't think about until an actual emergency occurs – putting our companions at great risk.

As a community outreach effort, and at **no cost** to early participants, Animal Emergency Care Centers has designed a simple & effective program called *PEAK – Pet Emergency Action Kit*. This kit provides useful tools to help save precious time, pets' lives and expenses during an emergency.

Each PEAK is customized for your individual pet's needs according to your desires for care. You can also set up your PEAK program to include authorized family members, care takers, neighbor, etc. in the event you may be traveling or unavailable during an emergency.

PEAK Benefits

- ✓ Complete Custom Preparation Kit for Pet Emergencies which Includes:
 - Wallet card with your pet's information that will speed the triage and admitting process in an emergency;
 - Important emergency contact information;
 - Personalized directions from your home to the Animal Emergency Care Centers; and
 - Important emergency preparedness recommendations; and
 - Emergency Information Folder to keep all of your pet's records.
- ✓ Free Blood Typing
- ✓ Quarterly e-Newsletter on pet safety, care & other important topics
- ✓ Priority Access to Future Programs such as Missing Pet & Lost Pet Recovery Systems.

How it Works

1. Enroll your pet(s) **free of charge** with the attached forms. Please refer to the next page, 'How to sign up for Peak' for complete instructions.
2. A photograph will be taken of your pet and small sample of his or her blood will be taken by a specially trained veterinary technician. Your pet's blood will be typed and your information will be shared with you and added to our emergency database.
3. Your completed Peak package will be mailed to you shortly thereafter.

Questions?

Please do not hesitate to contact the administration office if you have any questions or would like additional information. Contact us at Peak Performance Veterinary Group Phone (719) 266-6400 during daytime business hours.

**Animal Emergency Care Centers North and Peak Performance Veterinary Group are located at
5520 North Nevada Ave. Suite 150 Colorado Springs, CO 80918**



HOW TO SIGN UP FOR P.E.A.K.

1. Complete the Owner / Patient Information form:

The attached form is designed to provide basic information for enrollment purposes. There are some options such as pre-authorization limits for treatment in the event of an emergency or, your pet is brought in under someone else's care. Please complete these options as you feel comfortable, all information is kept strictly confidential.

2. Complete the Authorization for Blood Typing Test:

Simply fill in your pet's name, sign & date.

3. Return Completed Forms:

1. Please call Peak Performance Veterinary Group at (719) 266-6400 to set up a convenient time for you & your pet(s) to come by for quick processing of your forms.
2. A photograph will be taken of your pet and a small sample of his or her blood will be taken by a specially trained veterinary technician. Your pet's blood will be typed and your information will be added to our emergency database.

Your Completed P.E.A.K. Package will be delivered to you via mail within 10 business days.



OWNER / PATIENT INFORMATION

Owner Information (required)

First Name:	Last Name:
Address	City:
State:	Zip:
Home Phone:	Cell Phone:
Work Phone:	Email:
Best Way to Reach You:	Drivers License #:
Have you been to AECC before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, approx. when?	

Emergency Contact When You Cannot Be Reached

Name:	
Phone:	
Relationship:	
<p>In the event your pet is brought in under someone else's care, you may pre-authorize treatment and provide a credit card for this purpose. If treatment of your pet will be more expensive than your pre-authorized amount, we will contact you before providing additional services.</p> <p>Would you like to pre-authorize for AECC treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Initial Here:</p> <p>Authorized Amount (if pre-authorizing): <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> Other:</p> <p>Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Care Credit</p> <p>Credit Card Number:</p> <p>Expiration Date: / CVV/CVC Code on Back of Card: Billing Zip:</p>	

Pet Information (required) Please reprint this sheet to list additional pets.

Name:	Breed:	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Reptile <input type="checkbox"/> Bird <input type="checkbox"/> Other
Age:	Color:	Weight:
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Vaccination Status: <input type="checkbox"/> Current <input type="checkbox"/> Unknown
Spayed / Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No		Regular Diet:
Regular Daytime Veterinary Clinic Used: <input type="checkbox"/> None		
Please Describe Known Medical Conditions:		Does Your Pet Receive Regular Medications and/or Supplements? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If Yes, Please List:

EMERGENCY TREATMENT AUTHORIZATION:

I hereby authorize Animal Emergency Care Centers, Inc. (AECC) to examine, prescribe for and treat the above pet. I assume responsibility for all charges incurred in the care of this pet. In the event that AECC staff determines that *immediate life-saving services* must be provided, I am pre-authorizing \$500 for such services to be performed. I understand that all professional fees are due at the time services are rendered.

Signature:	Date:
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Authorization for Blood Typing Test

I, the undersigned, as owner/guardian for _____ do hereby authorize Animal Emergency Care Centers (AECC) and their appointed staff permission to perform the procedure of withdrawing at least .5ml of blood from my pet for the purpose of blood typing.

Signature _____ Date _____

Animal Emergency Care Centers North
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