



**EMERGENCY CARE  
CONTINGENCY PLAN**

**EMERGENCY CARE AUTHORIZATION & DEPOSIT**

<b>PET NAME</b>		<b>DATE</b>	
---------------------	--	-------------	--

The emergency doctor on duty will be working to stabilize your pet and provide you with information. The doctor may be relaying this information through the team. A written estimate for charges will be provided as soon as the doctor is able to create a treatment and diagnostic plan (estimate) for your pet's visit.

We require authorization to perform emergency treatment. Emergency treatment charges vary. Your pet's immediate care is started with an initial authorization deposit of \$500.00 to \$1000.00. These fees *may* include: Exam, IV catheter, fluids, emergency medications, X-Rays, CPR.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date: \_\_\_\_\_ Staff Initial: \_\_\_\_\_ Time: \_\_\_\_\_

VMSG-OC is a critical care facility, and as such, all patients must have an emergency authorization form when in our care. This authorization clarifies for us what your preference is in the event of a life and death emergency (such as cardiac arrest). We will always attempt contact with you during a crisis.

Please indicate your orders for the care of your pet:

\_\_\_\_\_ DNR: Do Not Resuscitate - Allow natural death, no resuscitation.

\_\_\_\_\_ CPR: cardiopulmonary resuscitation and medication intervention performed as prescribed by the Veterinarian

By initialing in the area above, you grant permission to VMSG-OC to render emergency care if needed at a time that you cannot be reached and if CPR is performed ***there will be additional costs***. CPR is estimated to range between \$300 - \$700.

My signature indicates acknowledgement that no guarantee can be given or will be implied as to the outcome of treatment. I understand that I am financially responsible for the authorization given here.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Phone Number(s): \_\_\_\_\_

**▼ HOSPITAL USE ONLY ▼**

Client	Patient	ID #	Date