



Casper Animal Medical Center

4700 South Valley Road

Casper, WY 82604

(307) 237-8387

camc@caspervets.com

Consent for Urgent Care/Emergency Treatment

Date: ____/____/20____

Animal Name: _____ Client Name: _____

Please indicate the type of exam we are seeing your pet for, as instructed by the intake Receptionist:

*(NOTE: we define "New Clients" as clients with whom we have no prior veterinarian/client/patient relationship,
OR a previously established client who we have not rendered services to in 18 months or more)*

WEEKDAYS:

(initial)_____ **Pre-scheduled Drop-Off Examination [C228] (exam charge starts at \$86.50)**
(\$200 deposit required for new clients)

(initial)_____ **Non-scheduled Walk-In Examination [C139] (exam charge starts at \$176.50)**
(\$300 deposit required for new clients)

(initial)_____ **Emergency Examination, Established Client [C119/C125]**
(exam charge starts at \$252.00)

(initial)_____ **Emergency Examination, NEW Client [C122/C250] (exam charge starts at \$363.00)**

SATURDAYS:

(initial)_____ **Non-scheduled Saturday Walk-In Examination, Established Client [C309]**
(exam charge starts at \$176.50)

(initial)_____ **Non-scheduled Saturday Walk-In Examination, NEW CLIENT [C998]**
(exam charge starts at \$200.00; required deposit of \$250.00)

(initial)_____ **Emergency Examination, Established Client [C119] (exam charge starts at \$252.00)**

(initial)_____ **Emergency Examination, NEW Client [C122] (exam charge starts at \$363.00)**

Preferred veterinarian: *(not all veterinarians are available every day; we will make every reasonable effort to accommodate your preference, but are unable to promise that your pet will be seen by your preferred doctor)*

Dr. Gail Mahnke _____

Dr. Layne Holmes _____

Dr. Jeanie Maddy _____

No preference _____

(initial)_____ I verify that I am the owner, or authorized agent for the owner, of the animal described above. My signature at the end of this form verifies that I am over eighteen years of age.

(initial)_____ I understand that my pet is being seen today as a Drop-off, Walk-In, or Emergency patient because all other regular appointment slots have been filled. I understand that the schedule is fully booked, and my pet will be seen between regularly scheduled appointments. Because my pet is being fit into a fully booked schedule, examination, diagnosis, and treatment of my pet may not be completed until near closing time.

(initial)_____ **If my pet is being seen on a Saturday,** I understand that examination, diagnosis and treatment might not be completed until after closing time at 1:00pm.

(initial)_____ I have been informed of Casper Animal Medical Center's payment policies, and understand that full payment for services rendered is expected upon discharge of my pet. I understand that in-house payment arrangements will NOT be offered, however I will be provided information about payment assistance options – including CareCredit and Scratchpay – upon request.

(initial)_____ My pet will be cared for by Veterinary Technicians while waiting on their exam by the doctor. Depending on the extent of care required by the Technicians, there may or may not be a Nursing Care charge of up to \$24.50 added to my invoice.

(initial)_____ I am aware that the practice of veterinary medicine is not an exact science, and there is no guarantee of successful treatment. I also understand that my financial obligation remains, regardless of the outcome of the procedure. I understand that full payment is required before my pet will be released to me.

(initial)_____ I understand that my pet may be considered abandoned if Casper Animal Medical Center has not been able to make contact with me within 7 days of the expected discharge date. Casper Animal Medical Center is then authorized to dispose of my pet as best deemed, including euthanasia, and I will still be responsible for all charges accrued.

Please indicate ONE best contact person, and ONE best contact phone number where we can reach you **at all times today** for questions or updates. This person will also be the emergency contact while your pet is in the hospital today, and will be responsible for communicating updates to any other interested parties.

In the event of an emergency, we cannot and will not attempt to call multiple phone numbers, so please only indicate ONE designated contact person.

Contact person: _____

Contact phone #: (____ __ __) ____ __ __ - ____ __ __ __

(initial)_____ **To allow our doctors and staff to give ALL patients in our hospital today our best care and full attention, we kindly request you PLEASE wait for us to contact you with updates on your pet.**

Please provide a **DETAILED, COMPLETE, COMPREHENSIVE** history of the problem(s) we are seeing your pet for today. Please include date/time of onset, symptoms, duration of symptoms, any at-home treatments you have tried, and any other relevant information.

*****Incomplete, vague histories will significantly delay our diagnosis and treatment of your pet!!!**

What general problem(s) are we seeing your pet for today? _____

When did the issue start? When did you notice symptoms? _____

Have you tried any at-home treatments or remedies? Yes ☐ No ☐

If YES, what have you tried? _____

For pets being seen for vomiting/diarrhea, what food are they currently eating? _____

Have you changed their food recently, or introduced new treats? _____

Have they possibly eaten or gotten into anything that they should not have? _____

For pets being seen for wounds/injuries/limping, what is the location of the injury? Please be as specific as possible.

Is there any other relevant information you would like us to know about what is going on with your pet?

(CAT OWNERS ONLY: (Check this box if we are NOT seeing a cat today) ☐

Is your cat: ☐ Indoor only ☐ Indoor/outdoor ☐ Mostly outdoor

Do you have multiple cats in the household? ☐ Yes ☐ No

Our desire is to quickly and efficiently serve the needs of all our patients, and we will perform the initial comprehensive physical examination as soon as is reasonably possible after the arrival of your pet at our hospital. All too often, however, the results of a physical exam do not reveal the origin of symptoms your pet is displaying, therefore requiring additional diagnostic tests to be completed in order to reach an accurate diagnosis, and develop a treatment plan.

Not all diagnostic tests are necessary for all cases. We will be judicious in our selection of appropriate diagnostics, and will be in communication with you as we come to a diagnosis and develop a treatment plan.

For example...

- **Diarrhea:** always requires fecal examination, and often comprehensive bloodwork
- **Vomiting:** always requires bloodwork, often needs fecal examination and/or abdominal x-rays
- **Lameness/limping:** usually requires sedation to complete manipulation tests, then x-rays to visualize and evaluate bony and soft tissue.
- **Wounds:** usually require sedation to accomplish wound treatment with minimal pain or stress to the patient

Please indicate the maximum spending limit we have your permission to use for diagnostics and treatments, **IN ADDITION TO the Drop-Off, Walk-In, or Emergency examination charge.** Doctors will not perform diagnostics that are not deemed necessary for your pet's condition.

If the care that your pet requires exceeds your authorized limit, we will contact you to inform you of the situation.

Again, please bear in mind that in-clinic payment arrangements will NOT be offered; full payment is required for all services rendered.

Please choose only ONE option:

(initial)_____ I approve up to \$300.00 of condition-appropriate diagnostics/treatments for my pet.

****OR****

(initial)_____ I approve up to \$500.00 of condition-appropriate diagnostics/treatments for my pet.

****OR****

(initial)_____ I approve up to \$1000.00 of condition-appropriate diagnostics/treatments for my pet.

****OR****

(initial)_____ I request a call after the preliminary physical exam is performed, before any diagnostics are performed on my pet.

Sedation is often necessary to perform wound treatment, ear cleaning, and/or x-rays with minimal distress and discomfort to the patient. Some patients are fearful, anxious, and/or painful enough that it is unsafe for us to perform even a basic physical exam without sedation.

If sedation is deemed necessary for your pet, do you approve us to do so?

(initial)_____ I approve sedation for my pet if the attending veterinarian deems it necessary.

****OR****

(initial)_____ I request a call from the veterinarian prior to my pet being sedated.

(initial)_____ I verify that I will be available at the number previously indicated in this form, **ESPECIALLY** if I have requested a call before diagnostics are performed on my pet.

If I am unavailable when the veterinarian/technician calls, or if they leave me a message and I do not return their call promptly (**within 10 minutes**), I understand this will significantly delay treatment of my pet. This may mean complete diagnosis or treatment of my pet may not be completed before closing time.

In the event that your pet should experience cardiac or respiratory arrest while in our care, do you consent to resuscitative measures being initiated until you can be contacted further and notified of their status?

(initial)_____ I agree to CPR (cardio-pulmonary resuscitation) in case of arrest. If selected, please note that an IV (intravenous) catheter **WILL** be pre-placed; this allows us immediate access to a vein for administration of emergency medications or fluids.

****OR****

(initial)_____ I elect a DNR (DO NOT RESUSCITATE) in case of arrest.

My signature below indicates I have read and understand this authorization, and accept and agree to the terms of the consent for treatment.

Signature: _____

Printed Name: _____

Date: ____/____/20____