

**\*\*WEEKDAY\*\* Urgent/Emergency Care  
CASPER ANIMAL MEDICAL CENTER**

OWNER: \_\_\_\_\_ PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

ARRIVAL TIME: \_\_\_\_\_ Receptionist initials: \_\_\_\_\_

This 3-tiered system is designed to accommodate owners/patients that do not have a scheduled appointment at the beginning of our work day. Please understand that we run a tight schedule that has already been fully booked. Providing proper care for your pet is a priority for us, and will be completed while caring for other patients at the same time.

*Full payment is required at the time of service.*

**Urgent Care, Expedited, and Emergency exams require deposit at the time of drop-off.**

Urgent care exam: \$200      Expedited exam: \$250      Emergency exam: \$300

**The prices below DO NOT INCLUDE fees for diagnostic tests such as blood work, radiographs, et cetera, or for completed treatment.**

Please be aware that, due to the unpredictable and often completely booked nature of our schedule, **you likely may not be contacted with an update on your pet until the end of your selected exam period** (up to 7 hours for Urgent Care, up to 4 hours for Expedited Care).

Please **INITIAL** next to your choice of exam:

\_\_\_\_\_ (C228) **URGENT CARE EXAM: \$67.50** - **These patients must arrive at the clinic no later than 10:00am**, unless authorized by the attending veterinarian. The owners understand that the veterinarians are examining the patients soon after arrival, but due to the prior scheduled appointments, the diagnostic tests and treatments may require several hours (up to 7) to complete. These patients will be ready to go home late in the afternoon, unless they are being hospitalized.  
Please indicate preferred veterinarian: \_\_\_\_\_. CAMC will make every effort to have that doctor examine your pet, **if** that doctor is available. *This option is typically most appropriate for minor wounds or illnesses that are not immediately life-threatening.*

\_\_\_\_\_ (C146) **URGENT CARE Expedited EXAM: \$86.00** - The owner that prefers a more rapid completion of care for their pet. These patients will be examined, diagnosed, and treated within 4 hours of arrival. **These patients must arrive at the clinic no later than 1:00pm.**

\_\_\_\_\_ (C119) **REGULAR HOURS EMERGENCY EXAM: \$169.50** - The owner that expects their pet to be examined, diagnosed and treated as soon as possible after arrival. This situation will interfere with the care of patients previously scheduled, and therefore care of the patient will be provided by the first available veterinarian. **These patients must arrive at the clinic no later than 5:00pm** in order for patient care to be completed before clinic closing time.  
**This option is typically most appropriate for major wounds, fractures, poison/toxin ingestions, and other immediately life-threatening situations.**

**Anything arriving AFTER 5:00pm is AN AFTER-HOURS EMERGENCY**

**Established clients: \$303.00      New clients: \$353.00**

These prices include the emergency exam fee and staff service charges.

It does NOT include diagnostics (blood work, xrays, etc.), treatments, hospitalization, etc.

To allow our doctors and staff adequate time to provide the best care possible to **all** our patients, **please wait for us to call you** when we have updates on your pet.

Please indicate **only ONE designated contact person**, and verify **ONE phone number** they will answer (NOT a message phone) - **In an emergency, we will not attempt to call multiple phone numbers!**

Printed Name: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

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

**PATIENTS IN THE CLINIC ARE UNDER CONSTANT OBSERVATION  
BY OUR WELL-TRAINED AND CARING STAFF**

# Urgent/Emergency History and Permission for Treatment Casper Animal Medical Center

Please provide a detailed history of the problem(s), including time of onset, symptoms and duration:

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Our desire is to quickly and efficiently serve the need of all our patients, and we will perform the initial complete physical examination as soon as reasonable after the arrival of the patient at the hospital. All too often however, the results of a complete physical examination 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 treatment plan.

**For example:**

**Diarrhea** – requires fecal examination, and often comprehensive blood work

**Vomiting** – always requires blood work, often needs fecal exam and/or abdominal radiographs

**Lameness** – usually requires sedation to complete manipulation tests, then radiographs to evaluate bony and soft tissue

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

**Cost Estimates:**

Bloodwork:	\$173.00	Fecal Exam:	\$28.50
Sedation:	\$63.00	Reverse sedation:	\$37.00
Radiographs (Xrays):	\$210.00	Brief Ultrasound exam:	\$88.00
Urinary Tract Analysis:	\$181.48 (ultrasound guided cystocentesis, sendoff to outside lab, urinalysis, culture [if indicated])		
Hospitalization and treatments:	up to \$156.00/day		

**(This does NOT include the cost of treatment and medications)**

**Please INITIAL next to your choice below:**

\_\_\_\_\_ I approve the attending veterinarian to perform diagnostic x-rays, bloodwork, and/or sedation on my pet.

\*\*\*OR\*\*\*

\_\_\_\_\_ I request a phone call after the veterinarian completes a physical exam on my pet, BEFORE diagnostics or sedation are performed. (NOT advised for emergencies)

**If I have requested a call before diagnostics or treatments, I WILL be available at the number listed on the first page of this form.**

If I am unreachable at that number, OR if the veterinarian/technician leaves a message for me and I do not return the call promptly (within 30 minutes), this will significantly delay our treatment of your pet. This may mean we are unable to complete treatment on your pet before the end of our work day. **Client initials:** \_\_\_\_\_

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

**FULL PAYMENT IS REQUIRED AT THE TIME OF SERVICE.  
Thank you.**