

# Riverview Animal Hospital

## Consent to Provide Emergency Treatment



By signing below, you agree to the following:

I acknowledge that I have admitted my pet for treatment at Riverview Animal Hospital because he/she may be suffering from a critical injury, illness, or disease. I understand that his/her condition may deteriorate rapidly without immediate medical attention. The doctors and nursing staff are currently triaging my pet to determine his/her health status. For patients that are in critical condition, immediate life-saving services may cost up to \$500 before a doctor or nurse is able to provide a thorough estimate for recommended treatment. This cost may include such treatments as emergency medication, pain management drugs, oxygen, heat, placement of an intravenous catheter, and/or administration of intravenous fluids, although this list is not exhaustive.

I authorize Riverview Animal Hospital to perform immediate life-saving/triage services on my pet up to the cost of \$500 and will be financially responsible for the cost of such services.

I understand that payment in full is due upon release of my pet unless other arrangements have been made. Balances over 30 days old will incur a \$5.00 service charge and 1.5% interest per month. Unpaid balances over 75 days old will be sent to a collections agency.

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

Primary Owner's Name (Please Print): \_\_\_\_\_

### Pet Information

Pet's name: \_\_\_\_\_ Date of birth or approximate age: \_\_\_\_\_

Gender (please circle one): Male Neutered? Y N Female Spayed? Y N Breed: \_\_\_\_\_

Current medications/dosages/time given: \_\_\_\_\_

Current medical conditions (Please include any known allergies): \_\_\_\_\_

Regular Veterinarian/Hospital: \_\_\_\_\_ Approx. date of last visit: \_\_\_\_\_

### Riverview Animal Hospital Urgent Care Payment Information & Options

**For your convenience, we accept the following forms of payment:**  
Cash Visa Mastercard Discover Amex Care Credit\*\*

*All fees are due when services are rendered or upon release of patient.*

*Please note that a deposit may be required at time of hospital admittance with full payment of the remaining balance required at time of discharge.*

\*\* If you choose to apply for the Care Credit Payment Plan®, all credit approvals are subject to GE Capital Consumer Company. Further information regarding the Care Credit Plan specifics is available upon request.