

Riverview Animal Hospital
Urgent Care and ER Client Information

Date: _____

Primary Owner's Name: _____

How would you like to be addressed? Do you prefer Mr. or Mrs.? First Name? Dr.? Other: _____

Spouse/Other: _____ Children: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary phone (the number we call for updates): _____ Spouse/other cell: _____

Email: _____

Home: _____ Cell: _____ Spouse/other cell: _____

Place of Employment/phone (You): _____ Place of Employment/phone (Spouse/Other): _____

Emergency Contact: _____ Phone: _____

Pet Information

Pet's name: _____ Date of birth or approximate age: _____

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

Breed: _____ Color: _____

Current medications/dosages/time given: _____

Current medical conditions (Please include any known allergies): _____

Does your pet have a history of seizures? Y N Frequency: _____

Time of your pet's last meal: _____ Diet: _____

Regular Veterinarian/Hospital: _____ Approx. date of last visit: _____

Would you like us to update your regular vet regarding today's visit? Y N

Please list and describe any personal items you wish to leave with your pet: _____

Riverview Animal Hospital is not liable for any personal items left with your pet at time of admittance (i.e. leashes, collars, blankets, toys etc). We make every attempt to ensure all items are returned at time of discharge. Any items unclaimed after 30 days past discharge will become property of Riverview Animal Hospital.

Resuscitation Order

All hospitalized patients are required to have a resuscitation order. In the unlikely event that your pet should experience cardiopulmonary arrest, it is important that we know your resuscitation wishes. In a life-threatening emergency, we may potentially spend several hundred dollars in a matter of minutes, and as such, need your permission to proceed.

In the event of an unexpected or life-threatening emergency, we will make every attempt to contact you.

Resuscitation codes: (Please initial a section)

_____ Green = "Full code".

We will perform medical procedures necessary to attempt to revive your pet.

_____ Red = "Do Not Resuscitate".

No life saving measures will be taken to revive your pet.

Authorization for medical and/or surgical treatment

- ◇ I hereby authorize and direct the veterinarian(s) of Riverview Animal Hospital to hospitalize my pet and sedate as needed for the diagnostics and treatments deemed advisable or necessary for my pet. I fully understand the risks involved in these procedures and realize that no guarantee has been made as to the results or cure. I am the owner (or agent for the owner) and have full authority to execute this consent.
- ◇ I understand that a deposit may be required before hospitalization or treatments occur for my pet, including those deemed necessary for medical or surgical complications or unforeseen circumstances, and 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.
- ◇ I am aware of Riverview Animal Hospital's overnight policy and understand that if my pet needs to stay overnight, there will likely not be a doctor or staff member from the hours of 6pm to 7am. I am also aware that I have the right to have my pet transferred to a more specialized facility that does have an overnight staff available.
- ◇ I acknowledge that I will not be able to transfer my pet's care to Riverview Animal Hospital within two (2) weeks of this visit if I already have a regular established veterinarian. Follow-ups for today's visit will need to be done at the hospital/veterinarian I have listed above as my regular veterinarian. **TO BE CONSIDERED AN ESTABLISHED CLIENT WITH RIVERVIEW ANIMAL HOSPITAL, YOUR PET MUST HAVE HAD A WELLNESS VISIT IN THE PREVIOUS 12 MONTHS.**
- ◇ I give consent to receive emails and texts regarding the balance on my account.

Signature: _____ Date: _____

PLEASE REMOVE THE LAST PAGE OF THIS PACKET AND KEEP IT FOR YOUR RECORDS



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www.riverviewanimal.com

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 Synchrony Financial. Further information regarding the Care Credit Plan specifics is available upon request.

You Should Know

Riverview Animal Hospital is an urgent care facility for the Four Corners area that does not provide specialized emergency services for extremely critical patients. We will advise you when referral is recommended for advanced diagnostics and treatments by a specialty facility.

Communication between the doctor and the pet owner is essential to provide the best possible veterinary service. We will do our best to provide an estimate for you, however we sometimes must run tests or do procedures that we do not anticipate when giving you an estimate. We will do our best to inform you of any tests or procedures we must do which will cause an increase in your estimate.

We will perform the diagnostics discussed and keep in contact with you as information becomes available. If the doctor determines that any additional diagnostics or treatments are necessary, we will do our best to inform you of these and the costs associated. Your pet may require sedation or anesthesia for the discussed diagnostics and treatments. All patients receiving sedation or anesthesia will receive an otoscopic exam and nail trim at no charge. However, if an ear infection or foreign body is found, appropriate treatment will be initiated.

If the doctor feels it is necessary, intravenous fluids will be administered to your pet during and after surgery to help maintain blood pressure, replace fluid loss, speed recovery and, in case of emergency, provide an essential line for life saving drugs.

We are proud to offer sophisticated monitoring systems (EKG, doppler blood pressure, and pulse oximetry) to be used during all surgical procedures. Your pet will be closely monitored by one of our caring, highly trained anesthesia technicians working closely with the doctor.

We recognize that pets recovering from surgery feel pain and stress. Your pet will be given appropriate analgesic (pain relieving) injections or oral medications to be kept comfortable before, during and following surgery. Your pet will be recovered in a warm, padded cage under the watchful eye of our staff members.