

**Riverview Animal Hospital  
Urgent Care  
Client Information**

Thank you for giving Riverview Animal Hospital Urgent Care an opportunity to care for your pet. So that we may become better acquainted, please complete the following:

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

Primary Owner's Name: \_\_\_\_\_

Spouse/Other: \_\_\_\_\_ Children: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

**Primary phone (this will be the number we call for updates):** \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Spouse/other cell: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment & phone (You): \_\_\_\_\_

Place of Employment & phone (Spouse/Other): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Other individuals authorized to obtain pertinent information: \_\_\_\_\_

**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): \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

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 90 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 8am.
- ◇ 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.
- ◇ I also acknowledge that I will be responsible for charges associated with transportation to my pet's regular veterinarian Monday morning if my pet stays overnight on a Sunday (\$25 in town, \$50 surrounding).

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



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### **Riverview Animal Hospital Urgent Care**

#### **Payment Information & Options**

**For your convenience, we accept the following forms of payment:**

**Check      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.

#### **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.

**We do not routinely have an overnight staff or doctor on premises during the hours of 6pm to 8am.**

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.

If you live in the 4-Corners region, your pet's medical records will be sent to the veterinarian you specified above. If you are from out of town, you may request a copy of your pet's medical records to take with you or your veterinarian can contact us to obtain a copy of them at any time.