Sugar Creek Animal Hospital Emergency Consent Form

 Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Pet Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client ID:\_\_\_\_\_\_\_\_\_\_\_

Your pet appears to have a severe, life-threatening medical emergency and requires immediate emergency treatment.

A doctor is examining your pet now. As soon as your pet’s condition allows, the doctor will meet with you to discuss your pet’s situation and provide a medical recommendation. A fee estimate for further care will be available upon request.

**Cost of immediate Treatment:**

The initial treatments to stabilize your pet’s condition, including but not limited to examination, intravenous catheterization and fluid administration, rapid diagnostic tests and emergency medication, may range from $250-$450, but can exceed this amount in very critical situations. **You may be asked to provide a $250 deposit while your pet is receiving immediate medical treatment.**

**Payment Information:**

SCAH is unable to offer payment plans or delayed billing. Payment is required at the time services are rendered. We accept payment in the forms of CareCredit, Visa, Mastercard, Discover, American Express, cash and checks with valid identification.

**Please choose one of the following options:**

\_\_\_\_\_I give consent for immediate treatment and accept the payment conditions outlined above.

\_\_\_\_\_I do not give consent for treatment and wish to speak to a doctor first. I am aware this delay in treatment may be detrimental to the health of my pet. I will not hold Sugar Creek Animal Hospital or the staff responsible for any adverse outcome that this delay may cause.

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

**Phone #**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_