Room # Valley Central Veterinary Referral and Emergency Center Consent and Medical/Surgical Care Plan					
		OWNE			
IM ESTIMATE \$		SURGICAL ESTIMATES	<u> </u>	ER ESTIMATE \$	
ER TREATMENT PL	AN:				
SPECIALTY TREATM	MENT PLAN:			U/S Fee \$	Yes □ No □
T 4b 4b - 4		Consent for CPR or		41-2	
life-saving measures (i	i.e. cardiopulmo te. If you choose	r cardiac and/or pulmonary a nary resuscitation)? Costs of to allow these procedures for ow to proceed.	of these services ca	n be between \$200.00-\$500.	.00 and are NOT
CPR I authoriz	ze appropriate life	saving measures. I understand	that the cost of servi	ices may exceed this estimate.	
DNR I do not v	wish for life savin	g measures to be employed. I a	m electing "Do Not	Resuscitate" status for my pet.	
By initialing or	1 the lines belov	v you are acknowledging yo	our understandin	g and agreement to each st	tatement:
has been examined, the	doctor will consu	basis we require that you pay that with you regarding a recome to the low end of the estimate we	mended treatment p	olan. An estimate of this treati	
type of billing. It is our checks, and a 40% coll	policy that we re lection fee will be and well-being of	pecialty and Emergency Cente equire payment in full at the tile added to all bills sent to collyour pet remains our top prioricial policy.	me of service. A \$3 lections. Unpaid ba	5.00 service fee will be applie lances are subject to attorney	ed for all returned and legal fees as
		uired in the future are not covy y our emergency department wi			ients seen by our
quote of actual charges, estimate. As with any hattempt to inform you as	but rather a good nealth treatment pl s we approach the	of the costs for your pet's healt faith attempt to predict the tota lan, if your pet's condition char upper limit of the estimate or of te at any time during your pet's	I charges. The actual charges, so may the received it. At that po	al and final bill may be lower of commended treatment plan. We	or higher than this e will make every
General anesth	nesia carries an inl	herent a risk to the patient whic	h has been explained	d and is understood.	
A deposit equa	al to the full estim	ate is required for specialty car	e at the time of admi	ittance.	
Indications, success rate, and possible complications of the procedure have been explained.					
authorized agent for the that I have read and un examine my pet and per pet's care. I have also i	e pet described al nderstand VCVRE rform any medica read the anesthes	ing below you are agreeing to bove and have the authority to act payment policy and agree wil, surgical and/or emergency to and life support policy and vere given. I certify that all the	execute this conse with it, and consent reatment, and agree agree. I have had t	nt. I am over 18 years of age to have the veterinarian and s e to be responsible for all char he opportunity to ask any que	e. I acknowledge staff of VCVREC research to my strions that I may
may contact you by telephone contact you by sending text me	at any telephone numi essages or emails, usin	CPA): You agree, in order for us to so ber associated with your account, inclu- ig any email address you provide to us. have read this disclosure and agree tha	ding wireless telephone Methods of contact may	numbers, which could result in charge include using prerecorded/ artificial v	es to you. We may also voice messages and/or
OWNER / AGENT:			DA	ATE:	
PREFERRED PHO	NE NO:	SECON		NO:	
Democité Green	Initials 2N	Below For Offic	•	Acmosit the St. 66 T *4* T	
Imprint Yes No		ND Deposit \$ Staff Initia als	us Addt/1 D	veposit \$ Stait Initials_	
Verbal Updated Esti	mate Given To	Owners \$	Date:	Staff Initials	
Verbal Updated Esti	mate Given To	Owners \$	Date:	Staff Initials	