

Emergency Treatment Consent Form

Emergency fee \$100.00 and Tech fee (if applicable) of \$ 60.00

A doctor is examining your animal now. As soon as your animal's condition allows, a doctor will meet with you to discuss your animal's situation and provide a medical recommendation.

A fee estimate for further care will also be provided.

Cost of immediate treatment: The initial treatments required to stabilize your animal's condition, including but not limited to examination, intravenous catheterization and fluid administration, rapid diagnostic test, and emergency medication,

may range from \$ _____ to \$ _____.

But can exceed this amount in very critical situations.

Payment information: Riverview Animal Clinic is unable to offer payment plans or delayed billing. Payment is required at the time the services are provided. Riverview Animal Clinic accepts payment in the form of Visa, MasterCard, Discover, American Express, Check, Care Credit, and Cash.

Please initial the option that you wish below:

____ **I GIVE CONSENT FOR IMMEDIATE TREATMENT** and accept the payment condition outlined above

____ **I DO NOT GIVE CONSENT FOR TREATMENT** and wish to speak to a Doctor first, even though the delay in treatment may be detrimental to the health of my animal. I will not hold Riverview Animal Clinic or its staff responsible for any adverse outcome that this delay might cause.

Client Signature: _____ Date: _____

