



Authorization for Immediate Emergency Care

Patient Name: _____ **Date:** _____

As owner, or duly authorized agent of the owner, I hereby authorize the Veterinarians and/or the Technicians to administer any and all immediate emergency treatment as is considered therapeutically and/or diagnostically necessary to stabilize my pet.

I assume financial responsibility for all charges incurred to the patient as a result of immediate emergency treatment, which may include the following items, and will be paid at the time of service.

Signature of owner or authorized representative: _____

Witness Signature: _____ Date: _____

■ Emergency Examination	\$69.00-79.00
■ Emergency Resuscitation/Oxygen	\$82.00-100.00
■ IV catheter & fluids	\$89.00-134.00
■ Blood Pressure Monitoring	\$22.00-36.00
■ Pain Treatment	\$25.00-50.00

Total: \$300.00-\$400.00

Further diagnostics and/or treatments will be presented in a written estimate and performed only with your consent.