



URGENT CARE CONSENT

At EMVS it is our goal to provide high quality care as quickly as possible. However, we are a by appointment only clinic. Therefore, in order to meet our client's emergency needs, we request your cooperation with the urgent care policies and procedures. Emergencies and scheduled appointments are both of high importance. We do our best to provide for each client in a fair and professional manner and appreciate your patience.

- I understand I am leaving my pet with EMVS. Patients will be immediately triaged by a doctor, *but* treatment and diagnostics will be done throughout the day. [REDACTED]
- I understand my pet *may* have to stay overnight. A doctor is not always on the premises; however, animals are checked routinely and under camera surveillance 24/7. EMVS will not share these videos or images unless a doctor wishes to do so. [REDACTED]
- I am dropping my pet off at [REDACTED] (time). I consent to my pet staying overnight if necessary. If your pet must stay overnight, and is not medically necessary, EMVS will waive the hospitalization fee: [REDACTED]

**If you DO NOT consent to your pet staying overnight, and wish to expedite care, (not recommended) you will be charged the full \$125.00 emergency fee in addition to services rendered instead of the \$45.00 urgent care fee.* [REDACTED]

- I give EMVS permission to run any diagnostics necessary and I will be financially responsible, making payment in full at time of discharge.
YES/NO
**If no, please call this number after initial exam: [REDACTED]
(Please be advised, if prior authorization is required, treatment will be delayed until contact is made. This may affect the discharge time.)*

- I understand EMVS will contact me once my pet is ready to be discharged or with an update. I agree I will NOT arrive until this notice is given. Unauthorized arrivals delay the care of other clients and patients. [REDACTED]
- I understand EMVS will contact me with an update daily. Updates will only be given to the following individual: [REDACTED] (name and phone number). WE WILL ALWAYS CALL YOU IMMEDIATELY IN THE CASE OF AN EMERGENCY. Please DO NOT call excessively, this takes staff away from patient care. [REDACTED]
- I understand a \$100 deposit is due at drop off and goes toward my bill. I understand I will be charged a \$45.00 urgent care fee *in addition* to services rendered. The urgent care fee is added on for seeing a patient without an appointment to cover the cost of employee overtime. [REDACTED]
- If my animal is hospitalized, I understand visitation hours are from Monday-Friday from 9 a.m. to 4 p.m. upon room availability. It is recommended to call ahead to minimize your wait. Other special arrangements must have prior authorization from Dr. Dixon. [REDACTED]
- I understand items left are NOT the responsibility of EMVS and may be lost. I understand EMVS provides the best care possible; however, veterinary care is not an exact science. [REDACTED]

Client Signature: [REDACTED]

EMVS Employee: _____ Date: _____ Time: _____



URGENT CARE/ DROP OFF INFORMATION SHEET 06/20

PATIENT INFORMATION (PLEASE PRINT)

Pet's Name: _____ Sex: M F Neutered or spayed? Yes No Urgent Care:

Species: Dog Cat Equine Other _____ Weight: _____

Pet's Date of Birth (Month/Day/Year) ____/____/____ Breed _____ Color _____

Reason for bringing pet in: _____

Does your pet have any allergies, special medications, or health problems we should know about? Yes No

If yes, what? _____

Do you authorize bloodwork or any *necessary* services/procedures be performed to help diagnose and/or treat your pet? _____

Vaccinations:

Is your pet current on all vaccinations? _____

If no, licensing requirements may require your pet to receive a vaccination during their visit today. Initial: _____

If yes, would you like the 1 yr or 3 yr Rabies? (3 yr available to pets who have already received a prior rabies shot) _____

Surgical:

When did your pet last eat? _____

List any medications your pet has taken in the last 48 hours: _____

Urgent care appointments are charged a \$45.00 fee *in addition* to the cost of exam, treatment, medication, and other services/items rendered. \$100.00 deposit is required at time of drop off. Pick up times are unknown. Patients will be seen same day, but may be required to stay overnight. Visitation hours are 9:00 am – 4:00 pm by appointment only. Rooms must be available for visitation. DO NOT LEAVE BELONGINGS EMVS NOT LIABLE FOR ITEMS LEFT.

Payment is due at the time the service is rendered. For your convenience, we accept cash, care credit, checks, and credit cards.

All fees due at time of service or when patient is released. A deposit prior to treatment may be required.

I warrant that I am at least 18yrs. old and that I accept exclusive and sole responsibility, financial and otherwise for all treatments done by East Mountain Veterinary Service. **Please DO NOT leave collars, leashes, blankets, or any pet belongings when dropping off your pet. EMVS cannot be held responsible for lost or damaged belongings.** If your pet damages EMVS facilities beyond reasonable wear and tear during their stay, owners may be held financially responsible for repair or replacement.

Client Name (Please Print): _____ Phone Number: _____

Signed _____ Date _____