

Emergency Treatment Consent Form

Client ID:

Date:

Client's Name:

Patient's Name:

I give Northwest Pet Hospital permission to treat my pet in the event of an emergency and to provide any and all necessary life saving treatments as deemed necessary by the veterinarian on staff, including, but not limited to:

**CPR, Oxygen Therapy, Intubation, IV Catheter,
Emergency Medications, etc.**

The cost of emergency services and treatments will be a **minimum of \$500.00** for initial stabilization, and I understand that I will be provided with a written estimate for diagnostics and care as soon as my pet has been stabilized.

I understand that the policy of this business is to require payment up front for all emergency situations.

I understand that by declining such treatment I am fully responsible for the outcome, which can result in further medical complication or even death.

I consent to emergency treatment for my pet at Northwest Pet Hospital

OR

I DO NOT consent to emergency treatment at this time. I am aware of the risks and assume responsibility for my pet's welfare.

Client Name: _____

Client Signature: _____

Date: _____

Phone number(s) during next 24-hours: _____