



# Gladstone Veterinary Clinic

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## AUTHORIZATION FOR EMERGENCY TREATMENT

>Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

>Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

>I, the undersigned owner of, agent of the owner of, or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that

- I am eighteen years of age or older                       I am NOT eighteen years of age or older

I consent to the emergency examination and stabilization treatment of this pet by staff veterinarians and their support team at Gladstone Veterinary Clinic. **I agree to pay a deposit of \$400 to begin emergency assessment and treatment.** This may include the following, as appropriate, to help stabilize my pet:

- *Emergency Examination*
- *Pulse Oxygenation Assessment*
- *Blood Pressure*
- *In-House PCV/Total Protein*
- *IV Catheter Placement*
- *Oxygen Therapy (up to 1 hour)*
- *IV Fluid Therapy*
- *Blood Glucose Level*

This deposit will be put toward the cost of any emergency assessment or treatment, and any unused funds will be refunded. I also understand that after assessment and initial stabilization, additional care may be needed. I understand that an estimate of the fees for veterinary services will be provided to me beyond initial emergency assessment and stabilization, and that I am encouraged to discuss all fees related to such care before services are rendered and during my pet's ongoing medical treatment. I agree to assume financial responsibility for the remaining fees and will provide payment via cash, credit card, or check at the time my pet is discharged from the hospital.

### >CPR/DNR (select preference):

In order to best carry out your wishes for this pet during our emergency assessment and treatment, please select your preference for CPR/DNR:

- Utilize all life-saving efforts, including CPR. Necessary life-saving procedures will be instituted at an additional cost. \_\_\_\_\_ initials
- Do not resuscitate \_\_\_\_\_ initials

>Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

>Once your pet has been stabilized and a plan for further treatment has been made, you may leave your pet for further diagnostics or treatment. Please do not leave GVC until you have spoken with a Veterinarian about your pet's case and you have signed a treatment plan for additional care.

Phone numbers where you can be reached **today**:

Try 1<sup>st</sup>: Name \_\_\_\_\_ Phone \_\_\_\_\_ cell home work text update

Try 2<sup>nd</sup>: Name \_\_\_\_\_ Phone \_\_\_\_\_ cell home work text update