

**Urgent/Emergency Care
CASPER ANIMAL MEDICAL CENTER**

OWNER _____ PATIENT: _____ DATE: _____
ARRIVAL TIME _____ receptionist _____

This 3-tiered system is designed to accommodate owners/patients that do not have a scheduled appointment at the beginning of our work day. Please understand that we run a tight schedule that has already been fully booked. Providing proper care for your pet is a priority for us, and will be completed while caring for other patients at the same time.

Please initial next to your chosen option. The prices below do not include fees for diagnostic tests such as blood work, radiographs, et cetera, or for completed treatment.

_____ (OVU) URGENT CARE EXAM: **\$53.50** These patients must arrive at the clinic no later than 9:00 a.m., unless authorized by the attending veterinarian. The owners understand that the veterinarians are examining the patients soon after arrival, but due to the prior scheduled appointments, the diagnostic tests and treatments may require several hours (up to 7) to complete. These patients will be ready to go home late in the afternoon, unless they are being hospitalized. Please indicate preferred veterinarian: _____. CAMC will make every effort to have that doctor examine your pet, **if** that doctor is available.

_____ (OVEU) URGENT CARE EXPEDITED EXAM: **\$108.00** - The owner that prefers a more rapid completion of care for their pet. These patients will be examined, diagnosed, and treated within 4 hours of arrival. These patients must arrive at the clinic no later than 1:00 p.m. Monday-Friday, and 11 a.m. on Saturday.

_____ (OVEM) REGULAR HOURS EMERGENCY EXAM: **\$157.50** - The owner that expects their pet to be examined, diagnosed and treated as soon as possible after arrival. This situation will interfere with the care of patients previously scheduled, and therefore care of the patient will be provided by the first available veterinarian. These patients must arrive at the clinic no later than 3:00 p.m. (11:30 a.m. on Saturday) in order for patient care to be completed before clinic closing time.

Due to the full schedule, anything AFTER 3:00pm (12:00pm on Saturday) is AN AFTER HOURS EMERGENCY.
The after hours emergency fee is \$155.00, the examination fee is \$47.00 and emergency technician fee is \$49.00 per hour.

Please indicate only **ONE** contact person, and the phone number they will answer. ***That person will be responsible for all communication with the other interested persons.*** To allow our doctors and staff adequate time to provide the best care possible to **all** our patients, **please wait for us to call you** when we have updates on your pet.

SIGNATURE _____ PHONE: _____

PRINTED NAME _____

**PATIENTS IN THE CLINIC ARE UNDER CONSTANT OBSERVATION BY OUR WELL TRAINED AND
CARING STAFF**

Urgent/Emergency History and Permission for Treatment Casper Animal Medical Center

Please provide a detailed history of the problem(s), including time of onset, symptoms and duration:

Our desire is to quickly and efficiently serve the need of all our patients, and will perform the initial complete physical examination as soon as reasonable after the arrival of the patient at the hospital. All too often however, the results of a complete physical examination do not reveal the origin of symptoms your pet is displaying, therefore requiring additional diagnostic tests to be completed in order to reach an accurate diagnosis and treatment plan. For example:

Diarrhea – requires fecal examination, and often comprehensive blood work

Vomiting – always requires blood work, often needs fecal exam and/or abdominal radiographs

Lameness – usually requires sedation to complete manipulation tests, then radiographs to evaluate bony and soft tissue

*Not all diagnostic tests are necessary for all cases. We will be judicious in our selection of appropriate diagnostic tests and in communication with you as we come to a diagnosis and develop a treatment plan.

Cost Estimates:

Bloodwork:	\$180.00	Fecal Exam:	\$25.00
Sedation:	\$60.00	Reverse sedation:	\$35.00
Radiographs:	\$200.00	Brief Ultrasound exam:	\$80.00

Hospitalization and treatments: up to \$150.00/day

(this does NOT include the cost of treatment and medications)

I understand and authorize the attending veterinarian to perform appropriate initial diagnostic tests. I will receive a phone call from the doctor after these are performed so we can discuss findings and treatment, and/or further diagnostics necessary.

Signature: _____

Date: _____