



— T R I - L A K E S —
ANIMAL EMERGENCY CARE

First Name: _____ Last Name: _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Main Phone: _____ Cell Phone: _____ Email: _____

Additional Contact Name: _____ Phone: _____

Please check the following: Active Military Active Duty First Responder Senior citizen (65+) Retired Military (if applicable)

Patient Name: _____ Sex: _____ Species: _____ Breed: _____

Color: _____ DOB/AGE: _____ Spayed/Neutered: _____ Does your pet bite? _____

Is this your first visit to TriLakes Animal Emergency Care? Yes No

What is your primary reason for your visit with us today:

How did you hear about us?

Please check the boxes for your acknowledgment of the statements below:

I understand and agree that the veterinarians at Tri-Lakes Animal Emergency Care will be in communication about this case with my primary care veterinarian. All pertinent medical history and diagnostics will be transferred to my primary care veterinarian at the case end or when the case is transferred to the primary care veterinarian. I will do a follow-up with the primary care veterinarian as directed. My primary care veterinary office is indicated below, and I authorize transfer of records for this case to this veterinary office. (Please write "None" if you do not have a primary care veterinary relationship)

My daytime veterinary hospital is _____.

This is an emergency hospital and therefore the number and types of cases that arrive are not predictable. Every effort will be made to provide you and your pet with the most prompt and professional service possible, however, we do have to triage cases according to severity, and we may have to see a pet first that has come in after you if it is in critical condition.

Every effort will be made to provide an accurate estimate for the care required for your pet but this can be difficult with cases requiring prolonged and advanced treatments as the situation can change. In these cases, every effort will be made to discuss fees as the case progresses.

I understand that Tri-Lakes Animal Emergency Care is affiliated with Powers Pet Emergency & Specialty. Should my pet require critical care and/or hospitalization beyond Tri-Lakes Animal Emergency Cares' normal hours of operation, Tri-Lakes Animal Emergency Care staff may have to transport my pet to Powers Pet Emergency & Specialty for overnight care.

Should my pet require transportation between Tri-Lakes Animal Emergency Care and Powers Pet Emergency & Specialty, I consent to such transportation of my pet. I acknowledge that the staff of Tri-Lakes Animal Emergency Care has thoroughly explained the transportation process to me, as well as the risks involved, and understand these processes and risks. I understand that the transportation vehicle is not an ambulance and is not equipped for supportive care. Should my pet require transportation between Tri-Lakes Animal Emergency Care and Powers Pet Emergency & Specialty, I understand and acknowledge that my pet will be appropriately restrained during said transportation in a kennel in order to assure the safest possible transportation experience.

I understand that the staff of Tri-Lakes Animal Emergency Care may need to walk my dog outside and I give my permission to do so.

Tri-Lakes Animal Emergency Care reserves the right to review all invoices up to 72 hours after a patient has been discharged and/or has received services from Tri-Lakes Animal Emergency Care. Every effort will be made to keep invoices current; however, additional time may be needed to ensure correct charges have been applied.

I give my permission for the staff of Tri-Lakes Animal Emergency Care to take and post images of my pet and any procedures being performed on my pet by Tri-Lakes Animal Emergency Care. These images may appear in advertisements, social media and anywhere else Tri-Lakes Animal Emergency Care deems appropriate.

Authorization To Provide Care:

I am the owner or authorized agent of the owner of the Pet listed above, hereby authorize and direct the veterinarians of Tri-Lakes Animal Emergency Care or their assistants to perform the services described above and all other procedures, diagnostics, treatments, and/or administration of extra label medications within accepted veterinary guidelines as deemed advisable and/or necessary for my Pet. Although Tri-Lakes Animal Emergency Care will take every reasonable action to ensure the success of my Pet's procedure(s), I understand that there is a risk of complications with every procedure, including the possibility of death as a severe complication of surgery, anesthesia, or other procedures. The nature and risks of any procedure(s), including surgery and anesthesia if applicable, have been or will be explained to me or I will see that they are explained to me, and any questions I may have are answered, before I will leave my Pet or allow treatment. I understand that there is no guarantee, nor can one be made as to the results or cure of any therapy. I understand that I have the choice to obtain additional information regarding those opinions from Tri-Lakes Animal Emergency Care upon my request or I may research the different opinions about my Pet's procedure(s) and or treatment(s) myself and discuss my questions with my Tri-Lakes Animal Emergency Care veterinarian. If I neglect to pick up my Pet within 7 days of the proposed discharge date, Tri-Lakes Animal Emergency Care is to assume that the Pet has been abandoned and Tri-Lakes Animal Emergency Care is hereby authorized to make other arrangements for the Tri-Lakes Animal Emergency Care may deem best. I agree to pay, in full, for services rendered. I understand that payment is due at the time services are rendered. If for any reason payment is not made at the time services are rendered or within 10 days thereafter, I understand that my account may be referred to a collection agency. In the event that my account is referred to a collection agency, I agree that I will also be responsible for all collection costs, attorney's fees and interest in the amount of 1.5% per month (18% per annum) on the unpaid balance. In the event of an emergency, or as determined by the veterinarian, it may become necessary to take my Pet outside the hospital. I authorize Tri-Lakes Animal Emergency Care to walk or transport my Pet outside of the hospital. I understand that Tri-Lakes Animal Emergency Care staff will take reasonable precautions to ensure the safety of my Pet while in their care.

Signature: _____ **Date:** _____



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Financial Policy

Thank you for choosing Tri-Lakes Animal Emergency Care to care for your pet. Our primary mission is to deliver the highest quality and most compassionate veterinary care possible. We strive to make the cost of veterinary emergency and critical care affordable to our community and pet owners. You are encouraged to discuss treatment and fees before they are rendered. Please be advised that Tri-Lakes Animal Emergency Care requires payment in full at the end of your pet’s examination and/or at the time of discharge.

Our basic financial policy is the following:

Full Payment is Due at the Time of Service

- We accept cash, check, money order, Visa, Mastercard, Discover, American Express, and Care Credit.
- Check payments are processed electronically via Telecheck. If your check payment is not approved for acceptance through Telecheck you will be required to pay with another form of payment.
- If you cannot afford to pay for the care of treatment for your pet’s needs, you can apply for Care Credit.
- VetBilling is a final option for payment planning and requires our office to process a soft credit check. VetBilling is only offered if you have already applied for Care Credit and are unable to use it, or are denied for Care Credit, and only after all financial options listed above have been exhausted.
- Patients hospitalized for any reason require a full deposit of the low end of the treatment plan provided and authorized by pet owner prior to patient being admitted.
- Any patient that is hospitalized beyond original treatment plan amount provided at time of admission will be required to leave further deposits to continue hospitalization.
- If you have pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your pet insurance company. Unless we have received pre-approval verification from your insurance company, you will be required to pay in full for services and then obtain reimbursement from your pet insurance company.

Your obligation

All clients are responsible for full payment at the time of service unless specific arrangements are made prior to the start of your pet’s treatment. You are responsible for payment regardless, even if a final bill is not completed at the time of your visit; that includes unforeseen, add-on and overlooked charges.

Additional Terms & Client Responsibility

If for any reason payment is not made at the time services are rendered or within 10 days thereafter, I understand that my account may be referred to a collection agency. In the event that my account is referred to a collection agency, I agree that Tri-Lakes Animal Emergency Care may add an amount to my outstanding account balance to reimburse for the reasonable collection charge (but not including attorney’s fees) imposed by the collection agency.

Thank you for understanding our Financial Policy.

Please let us know if you have any questions or concerns before signing.

I have read the Financial Policy. I understand and agree to the terms of Tri-Lakes Animal Emergency Care.

A picture ID is also required with your signature if we have not already obtained in the past.

Client/Pet Owner Name (Print)

Signature

Date



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Cardiac Resuscitation Consent Form

Your pet is being hospitalized due to an illness, injury or need for a surgical procedure. Every effort will be made to help improve or resolve the condition of your pet.

Unfortunately, despite all efforts, there will be times that patients will progress to cardiac or respiratory arrest. C. P. R. (cardio-pulmonary resuscitation) is a combination of medications, tracheal intubation, oxygen supplementation, cardiac compressions, and mechanical breathing for the patient.

Please initial the option that you wish below (Only choose one):

_____ I give consent for CPR. I wish for every effort to be made to try to keep my pet alive. I understand that there is a cost associated with CPR and authorize financial charges. Financial charges associated with CPR range from \$150.00 to \$300.00. These charges are in addition to other estimates that I have authorized. If CPR is successful there may be additional intensive care needs my pet may require. I understand the Doctor will need to reassess and revise treatment plans and estimates as the condition of my pet changes.

_____ DNR: Please do not attempt to resuscitate my pet should he / she go into cardiac or respiratory arrest.

I understand that my pet may need to be transferred by a staff member of Tri-Lakes Animal Emergency Care to Powers Pet Emergency Services for further overnight care. By signing this form, I understand that my CPR/DNR orders for my pet are applicable and transferred to Powers Pet Emergency with my pet. I understand that while my pet is in the care of Powers Pet Emergency, I may contact one of their staff members if I wish to change CPR/DNR orders for my pet.

Owner's / Agent's Name: _____ Pet's Name: _____

Preferred Telephone Number of Owner/Agent: _____

Owner / Agent Signature: _____ Date: _____



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Social Media Release Form

I, _____, hereby:

Irrevocably Consent

Or

Decline

to the use of my images or any images of my pet in any and all marketing materials for Tri-Lakes Animal Emergency Care and/or its individual practices, my name and likeness, and that of my pet(s), for no financial or other consideration.

Signature

Date

If you chose to consent above and would like to be tagged in any photographs uploaded to social media, please provide your username below so that we can be sure to tag you in the description.

Facebook: _____

Instagram: _____

Other: _____

Also, if your pet has their own account and you would like us to tag their account, please list their username below.

Facebook: _____

Instagram: _____

Other: _____