



## EMERGENCY CARE CONTINGENCY PAYMENT

### EMERGENCY CARE AUTHORIZATION

As VMSG is a critical care facility, we want you to understand that all patients checked into the hospital need to have an emergency authorization form on file. This form will clarify for us what your preference is for your pet in the event of an emergency (such as cardiac arrest). We will always attempt contact with you at any time that your pet is in need of emergency care. However, if emergency care is needed at a time that you can not be reached, we need you to select one of the following three options. Please initial your preference.

\_\_\_\_\_ Allow natural death, No resuscitation.

\_\_\_\_\_ Standard cardiopulmonary resuscitation techniques (CPR).

\_\_\_\_\_ Extraordinary cardiopulmonary resuscitation techniques including open-chest cardiac massage, when indicated.

By initialing in the area above, you grant permission to VMSG to render emergency care (estimates range from \$200 - \$500 depending on extent of resuscitation needs) if needed at a time that you cannot be reached, that may also be paid with the credit card listed below. You also understand that no guarantee can be given or will be implied as to the outcome of treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CONTINGENCY PAYMENT

Our business office hours are more limited than our 24-7 hospital care. We frequently release patients at times that the business office is not open. In order to provide you with better service in the event that additional services beyond the current are required and approved by you we must retain either a credit card number or at least one blank signed check for any additional payments to be charged at the end of your pet's treatment or at any time that you may request. Please complete and sign this form.

I authorize Veterinary Medical and Surgical Group, Inc. (VMSG) to utilize my credit card to pay for services that I may authorize verbally or by fax. *(Please Circle One)*

Visa

MasterCard

American Express

Discover Card

Name as it appears on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

CV2 Code / Security Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### ▼ HOSPITAL USE ONLY ▼

Client	Patient	ID #	Date