



**ANIMAL EMERGENCY CENTER**  
 2100 W. Silver Spring Drive  
 Glendale, WI 53209  
 Phone: 414-540-6710  
 Fax: 414-540-6720

*at the heart of critical care*

**ESTIMATE AND AUTHORIZATION FOR MEDICAL CARE**

The entire staff at the Animal Emergency Center will do everything possible to keep the costs of the authorized health care as close to the estimate as possible. Unfortunately, the predictability of illness and injury, and the level of treatment required, cannot always be accurately determined at the onset of admission. The staff will do their absolute best at keeping clients updated on their pet's medical status and costs incurred.

I authorize the Animal Emergency Center to perform the level of care agreed upon. The preliminary diagnostic and therapeutic procedures have been explained to me along with the attendant risks. I understand that no warranty has been made as to the response to treatment or cure, and this estimate does not include charges related to complications. I agree to be responsible for ALL charges related to the care of my pet.

**Initial:** \_\_\_\_\_

**I authorize the following (initial/updated) total estimate range:** From \$ \_\_\_\_\_ to \$ \_\_\_\_\_

This is based on and includes:

<input type="checkbox"/> First 12 hours hospitalization ONLY	<input type="checkbox"/> Surgery fees included	<input type="checkbox"/> Outpatient Care ONLY
<input type="checkbox"/> First 24 hours hospitalization ONLY	<input type="checkbox"/> Surgery fees not included	<input type="checkbox"/> CPR (\$400.00-\$600.00)

**Initial:** \_\_\_\_\_

**Authorization for treatment of cardiopulmonary arrest:**  
 If an unforeseen catastrophic emergency occurs that results in or will likely result in cardiopulmonary arrest, I authorize the staff of the Animal Emergency Center to perform: **(please choose one)**

ALL resuscitative efforts, including surgery and respirator support if deemed necessary for my pet. These costs are NOT included in the initial estimate.

Only medical (non-surgical) resuscitative efforts for my pet. These costs are NOT included in the initial estimate.

I request that no resuscitative efforts be performed for my pet, and that only pain relief as deemed necessary may be given.

I agree to maintain contact with the Animal Emergency Center at least every 4 hours should my pet require respirator support. If I fail to do so, they have my authorization to use their best judgement for determining whether life-support should be continued.

**Initial:** \_\_\_\_\_

**I understand and agree:**

- To call on a daily basis during my pet's hospitalization for a progress report
- To pay an additional deposit if medical care exceeds the initial estimate
- To pay the balance of all charges IN FULL at the end of hospitalization or completion of services
- To authorize the Animal Emergency Center to release my pet's medical information to my veterinarian
- **That the Animal Emergency Center is not responsible for my pet's personal valuables and it is recommended that I take them when my pet is admitted to the hospital**
- A service charge of 1.5% per month will be added to all past due invoices. If it is necessary to bring legal action to enforce the collection of any delinquency, all collection fees, attorney fees, and court costs will be included in the balance due

**Initial:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Doctor:** \_\_\_\_\_ **Date:** \_\_\_\_\_