

Emergency Plan Authorization

Pets' First and Last Name: _____

Today's Date: _____

In the event of an emergency during the hours VCA Wellington Animal Hospital is closed, your pet will be transported by a staff member to VCA Old Marple Animal Hospital. VCA Old Marple is a 24 hour hospital located in Springfield, PA. If the situation is time sensitive, your pet will be taken to the closest emergency hospital possible. By initialing next to each item, you agree to the following:

_____ If I am unable to be reached, I authorize my emergency contact to make medical decisions regarding my pet's health. I will assume all financial responsibilities regarding those decisions.

_____ I understand, in the event of an emergency, a staff member will attempt to get in touch with myself or emergency contact, but my pet may already be on his or her way to an emergency facility.

_____ I understand my pet will be transferred by an employee in his or her personal vehicle.

_____ I understand my pet will undergo life-saving procedures in the care of an emergency hospital unless directed otherwise by myself or emergency contact. If I or my emergency contact are not able to be reached, my pet will be stabilized and receive supportive care.

In the event of cardiac arrest, I elect the following option for resuscitation:

*****Select only ONE option*****

- GREEN** Code: Intubation, emergency drugs, and closed chest CPR will be attempted. The chest will not be opened for cardiac massage. I understand these interventions alone may **cost up to \$500** and that I will be responsible for payment.
- RED** Code: No resuscitation will be attempted.

_____ I understand a **50% deposit** is expected at the time of initial service from the emergency hospital and will need to make arrangements for immediate payment. A doctor or technician will go over a treatment plan before diagnostics and certain treatments are performed.

_____ I have the option to agree to medical treatment up to a specified dollar amount.

✓ *If choosing this option, the dollar amount is:*
\$

_____ I understand I do have the opportunity prior to leaving my pet to explain a different or specific plan other than the one listed previously.

If choosing your own Emergency Plan, please describe in detail below:



Client Signature: _____

Client Name (Printed): _____

This form will remain on file for your pet and will expire one year from the date it was signed.