



Bay Beach Veterinary Emergency Services

Critical Care Authorization

4340 Virginia Beach Blvd.
Virginia Beach, VA 23452
757.340.3913

Your pet has been presented in a critical or life threatening state. In order to prevent incorrect assumptions and miscommunications we require authorization to initiate and/or continue acute care to attempt to stabilize your pet, as well as obtain your acceptance of financial responsibility for the care

The initial costs of Critical Care stabilization are estimated at \$250.00 or more. This estimate is for initial stabilization only and does not include continued care once your pet is stabilizing nor does this estimate include hospitalization, treatments, medications or follow-up care.

The doctor will speak to you as soon as reasonably possible and will provide you with a written estimate of expected charges for continued care at the time. A deposit will be required for patients remaining in the hospital for continued care.

Sign one of the two following agreements:

I am the owner or agent for this pet. I wish to initiate or continue Critical Care Treatment which can include CPR (Cardio Pulmonary Resuscitation), IV catheter placement and fluid therapy, shock treatment/medications, blood laboratory evaluation and/or radiographs. I authorize immediate Critical Care Treatment and accept financial responsibility.

Owner's/Agent's Name (Print) _____ Pet's Name _____

Owner's/Agent's Signature _____ Date _____

I do **NOT** wish to have Critical Care Treatment provided until I have spoken with the doctor and have been provided with an estimate of all expected charges. I understand this may delay critical care treatment that may be necessary to save the life of my pet. I understand that my pet may die without immediate Critical Care Treatment and take responsibility for delaying care. I assume all risks of delay. Further, I release **Bay Beach Veterinary Emergency Services and the doctor on duty** and its staff from liability from any complications related to my choice to delay treatment.

Owner's/Agent's Name (Print) _____ Pet's Name _____

Owner's/Agent's Signature _____ Date _____