



# Prairie Veterinary DENTAL SERVICES

## PVDS Consent to Emergency Care

All emergency care is under the direction of the attending veterinarian and is tailored to your pet's current medical needs.

As soon as is possible the veterinarian will discuss details of your pet's condition, which will consist of immediate care, recommendations for further diagnostic tests, treatment procedures, and prognosis. A cost for continued care will be provided at that time. I understand that the purpose of this consent is to allow necessary, immediate lifesaving efforts be made, which may include:

- Establishing an airway
- CPR
- Placing an IV Catheter
- IV Fluids
- Oxygen Supplementation
- Radiographs
- Bloodwork
- Anti-seizure Medication
- Pain Management

### **I recognize that any lifesaving efforts made may not be successful.**

I, the undersigned, certify that I am the owner (or authorized agent of the owner). I authorize the staff of Prairie Veterinary Dentistry Services to start immediately necessary procedures as deemed by our veterinarian.

My signature below is acknowledgement that I understand my financial responsibility for immediate care may total up to \$500.

I understand that the purpose of this consent is to allow necessary, immediate lifesaving efforts be made, which may include:

\_\_\_\_\_  
**Pet's Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Client's Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Witness Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Emergency Contact Name**

\_\_\_\_\_  
**Phone Number**