



Patient Transfer (to EMEVC) Consent Form

Note: Authorization for animal transfers must be approved by veterinarian prior to patient being moved

Date of Request: _____

Patient and Client Information/ Label

Owner's primary phone number: _____

(best # to call and discuss treatment plan and consent to medical care)

Cell Number: _____

Alternative Number: _____

(If different than primary phone number)

Email: _____

I consent to the transfer of my pet for care at **Eastern Maine Emergency Veterinary Clinic (EMEVC)**. I understand that all fees associated with continued care provided by EMEVC will be payable to EMEVC and due upon discharge of the patient from the facility. EMEVC is a separate business from my regular veterinarian clinic. I agree to basic overnight care estimated at approximately \$500-700. EMEVC will do their due diligence to call by 9pm. If you have not heard from them by 9pm, please call them at 207-989-6267 to review specific overnight care plans. Estimate of care will be prepared after physical examination by an EMEVC veterinarian due to the dynamic changes possible in emergency cases.

Owner or Agent Signature

Date

Check List:

- ☐ Medical transfer sheet completed
- ☐ Medical record emailed to EMEVC

- ☐ Called EMEVC
- ☐ Medical record emailed to Owner