



## Northgate Animal Hospital Patient Drop Off Form

Client Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number to reach you today: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS IN DETAIL SO THAT WE CAN BETTER HELP YOUR PET. WE LOOK FORWARD TO PROVIDING EXCELLENT CARE FOR YOUR PET.**

<u>Drop Off And Pick Up Times</u>	<u>Please Authorize the Following Fees:</u>
<ul style="list-style-type: none"><li>- Please call ahead to advise us if you need to drop your pet off.</li><li>- Bring your pet with this completed form.</li><li>- Please bring all your pet's medications and any records, radiographs, etc.</li><li>- Your pet will need to be picked up by 6:00 pm unless otherwise notified or your pet is hospitalized overnight.</li></ul>	<p>( <input type="checkbox"/> ) Please call with an estimate before any treatments.</p> <p>( <input type="checkbox"/> ) I authorize diagnostics and treatment for up to:</p> <p>( <input type="checkbox"/> ) \$200 ( <input type="checkbox"/> ) \$300 ( <input type="checkbox"/> ) \$400 ( <input type="checkbox"/> ) _____</p> <p><b>YOU MAY BE REQUIRED TO LEAVE A DEPOSIT BY TELEPHONE</b></p>

What is the reason for your pet's visit today? :

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Is your pet taking any medications currently? When was the medication last given? Please list those medications below and how often you administer them :

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Is your pet allergic to any medications? Allergic to any food? If so, please list them below:

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Pets with fleas will be treated with an in hospital product at an additional cost. If you have recently treated your pets for fleas, please inform us of what product was used and when you applied it. \_\_\_\_\_

<b>PLEASE ANSWER THE FOLLOWING QUESTIONS</b>	<b><u>YES</u></b>	<b><u>NO</u></b>
Is your pet eating and drinking normally?		
Is your pet weak or lethargic?		
Is your pet vomiting?		
Is your pet eating and drinking?		
Does your pet have diarrhea?		
Does your pet strain when urinating?		
Does your pet have blood present in its urine?		
Is your pet coughing?		
Is your pet sneezing?		
Is your pet gagging?		
Has your pet been exposed to any other pets recently?		
Has your pet had surgery recently?		
Does your pet chew/eat bedding, toys, etc?		
Is your pet limping? If Yes, Circle Where : LR RR LF RF		

**Notes for the Doctor and Staff:**

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I am the owner or agent of the owner of the above named pet and hereby authorize the performance of treatment for this pet. I understand that unforeseen conditions may necessitate an extension of the treatment or a different treatment may be recommended and therefore authorize such treatments as necessary in the professional judgment of the veterinarian. I authorize the use of appropriate anesthetics and medications in the treatment of this pet. I have and will be advised of the nature of the treatment and I understand that while every effort will be made to provide the best care for my pet, results cannot always be guaranteed. I understand that all fees must be paid in full at the time of release unless other arrangements have been made in advance with the veterinarian, medical director or with the practice manager of Northgate Animal Hospital. I have read the above information; I understand and agree to the conditions and policies of Northgate Animal Hospital.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## CODE Consent Agreement:

In the event of a medical emergency while my pet is at Northgate Animal Hospital:

\_\_\_\_\_ I authorize Northgate Animal Hospital to perform CPR (Resuscitation) on my pet if my pet is suffering respiratory arrest or cardiac arrest. I understand that my pet may not respond initially and then suffer another arrest later. I understand that my pet may die despite life saving efforts being made. I understand that if my pet survives because of CPR, he/she may have additional medical problems as a result of CPR being performed. The estimate for initial CPR is \$300 to \$500. The estimate for the first 24 to 48 hours of veterinary care after CPR depends partially on pre-existing injury or illness and may be \$1000 to \$2000; however, costs can greatly exceed this estimate. (FULL CODE STATUS)

\_\_\_\_\_ I **DO NOT** want CPR performed on my pet. I understand that if my pet stops breathing and/or his/her heart stops beating that my pet may die unless CPR is performed. I elect to DNR (Do Not Resuscitate) orders placed on my pet's record OR I elect that the veterinary staff stop the initial attempts at CPR that may have been started while I was being informed of the condition of my pet and my options. (DNR CODE STATUS)

**Animals that have been successfully resuscitated are extremely critical and unstable.** The likelihood of re-arrest is high and usually occurs within 4 hours of the initial arrest. If resuscitation is successful, there is only about a 20% chance that a pet will stay alive for the first 4 hours after resuscitation. The percentage of long term survival is even lower, and may be as low as 1%, depending upon what caused the arrest. Brain damage is common due to temporary lack of oxygen to the brain, which can result in blindness and/or impaired mental function, leaving a pet with physical and/or mental disabilities. This impairment may last for days, weeks, or years.

**I HAVE READ AND UNDERSTOOD THE INFORMATION ABOVE OR HAD IT EXPLAINED TO MY SATISFACTION.**

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_