DROP OFF FORM

Patient name: _____

Owner first and last name: _____

Date of scheduled drop off visit: _____

When will you be back to pick up pet? _____

Reason for drop off? _____

_____

Please list contact numbers you can be reached at today:

1. _____

2. _____

What time did your pet last eat? _____

Please list all medications, dosages, and time given/due:

Medication   Dose   Time given/next dose due

_____

_____

_____

_____

_____

How is your pet doing at home?

_____

_____

Please list any questions or concerns you would like addressed today:

_____

_____

DROP OFF CONSENT FORM

Consent for CPR or DNR

We try to take every precaution when doing anesthesia, however, sometimes there can be complications and we would like to be able to react immediately. This is always difficult to discuss, but we feel it is vital to do so. In the rare event that were to suffer cardiac and or pulmonary arrest (heart or breathing stops), do you authorize life-saving measures (cardiopulmonary resuscitation)? Costs for these services are not reflected in any estimate you may have been provided. If you chose to allow these procedures for you will be contacted as soon as possible to be informed of the situation and given the options on how to proceed.

☐ I authorize appropriate life saving measures, CPR. I understand the cost of services may exceed my estimate.

☐ I do not authorize life saving measures to be employed. I am electing "Do Not Resuscitate" status.

Signature: _____

Date: _____