



Surgical Admission

1525 Wilmington Drive NW DuPont, WA Phone (253) 267-5431 Fax (253) 235-4004

Name, cell phone _____, _____

address, city _____

animal, breed, sex name _____, _____, _____

Surgery + Dental Admission and General Anesthetic Form

Please list/describe the procedure(s) we are performing for your pet today: _____

Please List the number to which we can reach you in case of a medical Emergency: _____

Fleas can transmit disease – if we find LIVE fleas on your pet we will administer 1 Capstar to kill the fleas. This is for the protection of all our patients. There will be an additional charge of \$9.00 for this procedure.

Medical History

Did your pet eat this morning? Yes / No

If yes, what time? _____

Is your pet taking any medications? Yes / No

If yes, please list: _____

Is your pet allergic to any medications? Yes / No

Vaccines – update if not current? Yes / No

Last heat cycle (FEMALE/SPAY ONLY): _____

Please circle any additional treatment you would like done today. Please note there will be an additional charge.

- Flush and Clean Ears
- Anal Gland Expression
- Ear Pluck
- Microchip “Pet ID”
- Spay/Neuter Tattoo

A veterinarian will perform a physical exam prior to sedating your pet.

*The cost of all surgery procedures includes a nail trim and placement of an intravenous (IV) catheter and fluid administration. An IV catheter helps our staff and doctors to administer anesthetic drugs and will allow us to respond more quickly and efficiently in the event of an emergency. Fluids help to maintain blood pressure and eliminate anesthetic drugs from the body. Unless otherwise noted, your pet’s nails will be trimmed, at no charge, while they are under anesthesia.

Elizabethan collar (e-collar): An Elizabethan Collar is recommended after surgery to prevent your pet from licking/chewing/damaging the incision. If damage occurs, and surgery repair is needed, this will be an extra expense. An e-Collar is an additional \$8-\$18.50 Send my pet home w/ an e-collar: __Yes __No

If we are sending off a mass, please inform us if you would like us to send it to our lab for histopathology. This refers to the microscopic examination of tissue in order to study the manifestations of disease. Please check one of the following:

- YES
- NO
- Doctor discretion
- Will discuss after procedure

Dental Extractions: Unfortunately, it is not possible to determine an exact estimate regarding extractions until the pet is fully anesthetized, though we will do our best to make the original estimate as accurate as possible. Once the pet is sedated, and all teeth are carefully examined the number of extractions will be determined, and all medically necessary extractions will be performed at this time at the veterinarian’s discretion. Prices based off of 15/min block of time. We will call you to let you know if the cost will go over the original estimate. INITIALS: _____

I understand, and accept, that when anesthetic is involved there are always inherent risks, including death, and no guarantee has been either expressed or implied regarding complications or outcome. Furthermore, in the event of an emergency, I authorize doctors and staff to perform lifesaving measures deemed necessary until further communication with me. I will not hold the doctors or staff liable for any complications. I certify that I understand this release and the procedure(s) have been explained to my satisfaction. I assume full financial responsibility of charges accrued.

Owner/Agent Signature: _____

Date: _____

CPR/DNR Consent Form

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Date: <date>

Client Name: <first-name> <last-name>

Patient Name: <animal>

I understand that the anesthetic, surgical or therapeutic procedures may involve risk of complications, injury or even death, from both known and unknown causes and no warranty or guarantee has either been expressed or implied as to the result or cure.

Should my pet require cardiopulmonary resuscitation (CPR), including cardiac compressions, positive pressure respiration, emergency medications, or other heroic interventions, I request that the doctor(s) at DuPont Veterinary Center conduct/not conduct such medical care as indicated below. If I request such emergency procedures, I agree to be held financially responsible for veterinary services provided to my pet while staff members pursue treatment and try to reach me for further directive. Regardless of my pet's recovery or survival, I agree to pay CPR fees in addition to other fees already identified by the practice and agreed upon by me.

CPR is the resuscitation of an animal that has stopped breathing or has stopped breathing and whose heart is not beating.

DNR means "do not resuscitate". This is a decision that CPR is not to be performed in the event that the pet stops breathing or has no heartbeat. If you chose DNR and your pet stops breathing or heart stops beating, then we will not attempt to revive your pet and your pet will pass away.

I DO want the staff to perform CPR (resuscitation) on my pet if my pet suffers from cardiac or respiratory arrest. My pet may not respond to CPR or may respond initially and then suffer another arrest later. My pet may die despite CPR. The estimate for initial CPR is \$300 to \$500.

Signed _____

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 will pass away unless CPR is performed. I elect to have DNR 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.

Signed _____

I accept that if the hospital staff is unable to reach me within 20 minutes after the initial CPR procedures, and after exercising reasonable medical judgment, determine that there is no hope for success, the staff will cease further CPR procedures. I understand that despite the best effort of the doctors and staff at this facility, even the most successful CPR that may restore my pet's life may not allow for my pet to regain normal mental and physical health and, thus, may leave my pet unable to live a normal life.

Signature: _____ Date: _____