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Patient Procedure Form

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Owner Name: \_\_\_\_\_ Dropped off by: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Weight: \_\_\_\_\_

Best contact number 1) \_\_\_\_\_ 2) \_\_\_\_\_

Is there a time today that you will not be reachable by phone? \_\_\_\_\_

What type of procedure will we be performing on your pet today? \_\_\_\_\_

Has your pet had an anesthetic procedure in the past? \_\_\_\_\_

Were there any adverse reactions to anesthesia? \_\_\_\_\_

Are there any additional procedures or health concerns that you would like us to address? \_\_\_\_\_

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1. \_\_\_\_\_ I understand that in performing the above procedure or procedures my pet will receive a general anesthetic and understand that some risk of injury or death always exists with anesthesia and/or surgery. I am encouraged to discuss any concerns I have about those risks with the veterinarian before the procedure is initiated.
  
2. In the event that we discover additional necessary or recommended treatments, we will attempt to reach you to discuss appropriate diagnostics and/or treatment. If we are unable to reach you, please indicate your instructions on how we should proceed:  
\_\_\_\_\_ No, please do not treat my pet unless I am contacted  
\_\_\_\_\_ Yes, please do whatever is necessary  
\_\_\_\_\_ Yes, please treat my animal but do not go above \$ \_\_\_\_\_
  
3. **For dentals only:** The doctor will evaluate the mouth once your pet is under anesthesia. In the event that your pet would benefit from any teeth extracted, do we have permission to move forward **without** contacting you first:  
\_\_\_\_\_ No, please do not treat my pet unless I am contacted (If I am unreachable, no additional treatment will be done)  
\_\_\_\_\_ Yes, please do whatever is necessary
  
4. In the event of a life-threatening emergency, do you authorize our team to perform CPR (cardiopulmonary resuscitation) on your pet? Please note that CPR and associated emergency care will incur additional charges not stated in the estimate given.  
\_\_\_\_\_ Yes, I authorize CPR to be performed and understand there will be additional charges.  
\_\_\_\_\_ No, I do not authorize CPR (DNR)
  
5. \_\_\_\_\_ I understand that during the hours not specified as “business hours” there are times when admitted pets will be unattended.

6. \_\_\_\_\_ I verify that I am the owner (or authorized agent) of the above- named animal. I understand the nature of the above procedure(s) and give my consent to proceed.
7. \_\_\_\_\_ I have reviewed the estimate given and had any questions or concerns regarding the estimate answered before the procedure being performed today. I agree to pay for all services at the time my pet is discharged from the hospital.

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Signature of owner or authorized agent

Date

\*For office use only\*

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- Deposit taken
- Referral form received (if needed)
- Updated Client Info. Form (if needed)