

# Steamboat Animal Hospital Drop Off Form

Parking # \_\_\_\_\_

DATE: \_\_\_\_\_ PET: \_\_\_\_\_ OWNER: \_\_\_\_\_ CLIENT: \_\_\_\_\_

Patient number: \_\_\_\_\_ DOB: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

Contact Person for Exam:	Phone #	Please check		
Primary _____	_____	Home	Work	Cell
Secondary _____	_____	Home	Work	Cell

\*\*\*\*\*PLEASE READ AND INITIAL\*\*\*\*\* Today's appointment will be considered a drop-off appointment. You will leave your pet with us today for an undetermined amount of time. Once your Doctor team gets a chance to examine your pet they will be contacting you to discuss their care and recommendations. You may go about your day as usual but please be available by phone. There are no standard discharge times for drop-off appointments but pick up will be before the end of business today. Hours of operation: Monday – Friday 7am – 6pm

Owner's initials \_\_\_\_\_

**Reason for visit: Please list ALL concerns you have. When were symptoms first noticed:**

**Please list any medications pet is taking and time of last dose:**

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**Please select one of the following options:**

\_\_\_\_\_ **YES** – You give permission to the doctor to perform further tests/treatments up to a price of your choosing. If this price is reached, the doctor will not move forward without your consent. **Please initial.**

\$150-250 \_\_\_\_\_ \$250-350 \_\_\_\_\_ \$350-450 \_\_\_\_\_ \$450-550 \_\_\_\_\_ Other \$ \_\_\_\_\_ max

\_\_\_\_\_ **NO** –Please **call** before doing anything other than the physical exam. **Please be available to take calls as the doctor cannot move forward with any diagnostics or treatments without consent.**

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## **Steamboat Animal Hospital Drop Off Form**

### Resuscitation Request – Do not resuscitate (DNR) or Consent (CPR):

**DNR** I do not wish for my pet to receive CPR. I understand that if CPR is not used in the event that my pet collapses, faints, has cessation of breathing, has no heartbeat, or becomes unconscious that my pet will pass away. I accept complete financial responsibility for medical care provided to my pet prior to the occurrence of cardiopulmonary arrest.

\_\_\_\_\_ Signature and Date

**OR**

**CPR** I consent for my pet to receive CPR in the event that my pet collapses, faints, has cessation of breathing, has no heartbeat, or becomes unconscious.

\_\_\_\_\_ Signature and Date

\_\_\_\_\_ (initial) I accept that in the event that I cannot be contacted within 15 minutes of the initiation of CPR, and that reasonable measures were taken, and that there is deemed no chance of recovery, the medical team will cease CPR. I understand that even with the best efforts and appropriate CPR treatment my pet may not survive, nor make a full recovery to his/her prior health.

\_\_\_\_\_ (initial) By requesting CPR, I accept complete financial responsibility for prior medical care, the cost of CPR and any resultant ongoing care at Steamboat Animal Hospital or at a third party veterinary clinic of my choosing, regardless of the outcome to the health or survival of my pet.

I have read and understood the information above or have had it explained to my satisfaction.

Hereby, I expressly agree to release Steamboat Animal Hospital and its agents and representatives, from liability for any and all damages to my pet and agree to hold Steamboat Animal Hospital its agents and representatives harmless from any liability associated with the procedure and treatments being performed on my pet.

**Owner's Release:**

*I understand the noted anesthetic, surgical, diagnostic or therapeutic procedures may involve risk of complication, injury or even death. I authorize the hospital staff in an emergency situation, to follow through with such procedures as are necessary for the well-being of my pet. I agree to assume financial responsibility for all routine and emergency services rendered.*

*Your signature below indicates that you agree to statements above. You understand that payment for service is due at the end of your visit and you authorize consent to the procedures and administration of anesthesia.*

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_