



3316 56th Street, Suite 104, Gig Harbor, WA 98335 | 253.851.7387 | www.uptownvet.com

Procedure Admittance Form

Today's Date:

Patient: _____ Owner Full Name: _____ Species: _____ Age: _____ Sex: _____ Client ID: _____

Reason for admitting: _____

Additional services to receive while here:

Vaccinations Microchip Nail Trim Heartworm Test Fecal Anal Gland Expression

My pet is currently on these medications (please indicate last dose given): _____

pet ate last: _____

Uptown Animal Hospital is a flea free environment. If _____ is found to have fleas they will be treated immediately at your expense. _____ Initials

Consent / Release:

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give the veterinarian full and complete authority to perform the procedures/treatments described as above and to perform any other treatment that, at his/her discretion, may be useful to promote the health of the above described pet, and I do hereby forever release the Doctor from any and all liability arising from said treatments or procedures on said animal.

In the event of an unforeseen emergency, we will attempt to reach you or your agent without delay. Please know that we take every precaution to ensure that your pet is safe and also healthy enough to undergo their procedure today. Any known risks will be discussed with you. However, very rarely, emergencies do happen and we want to know your preferences if no one can be reached. We will proceed with your election of CPR or DNR.

****Please initial your preference below****

_____ **Basic CPR: Resuscitative efforts may include chest compressions, airway support including a inserting a breathing tube, IV catheter, and drug therapy. Additional costs will be incurred ranging from \$500-700.**

_____ **DNR: Do NOT resuscitate. If your pet stops breathing or if your pet's heart stops beating. I do NOT want to veterinary staff attempt resuscitative efforts.**

Elective Surgical Procedure

Pre-Surgical Blood Screening: As part of our commitment to quality care, we will perform a physical exam prior to anesthesia. For your pet's safety, we may require pre-op blood screen to detect pre-existing medical problems that may not be evident on physical exam and to assist us in selecting the most appropriate anesthesia for your pet.

General Anesthesia: Like any medical procedure, anesthesia does have risks. These risks can run from minor problems, such as mild vomiting after recovery from anesthesia, to life-threatening problems such as cardiac arrest or stroke. Anesthesia-related deaths are rare. Complications can occur and our veterinary team will take all of the necessary precautions to ensure that your pet is safe and can handle anesthesia.

I understand that the safety of my pet is the overriding priority. I understand that any price quote I have been given is an estimate and if complications are involved, or the procedure is of greater complexity than anticipated, the price may be higher. I also understand I am responsible for any additional charges incurred during an emergency procedure.

Further, I assume responsibility for and will pay all charges in full upon discharge of the animal for the hospital.

Signed: _____

Primary Contact Phone: _____

Emergency Phone Number(s): _____