

Pet Drop-Off Sheet
Catoctin Veterinary Clinic

Date: _____ **Pet's Name:** _____

Owner's Name: _____

Owner's DOB (needed for filling prescriptions through a pharmacy for your pet) _____

Phone Number(s) you can be reached at today:

Home: _____ **Cell:** _____ **Work:** _____

Briefly describe your pet's problem including length of time seen and any important details:

Was the patient fed this morning? (Check one) Yes _____ **/ No** _____

What are the patient's current medication, and did they receive any this morning?

Have you noticed any of the following?

Vomiting: _____ **Difficulty breathing:** _____ **Sneezing/Coughing:** _____

Diarrhea: _____ **Weight loss:** _____ **Not eating:** _____

Lethargy: _____ **Excessive itching:** _____ **Other:** _____

Permission to perform procedures:

If after examining my pet the veterinarian might feel it necessary to do further testing, I give my permission to do the following testing prior to calling me for approval. These treatments below can be performed without additional approval via phone or in-person. This may include but is not limited to the list of treatments below.

Bloodwork: _____ **Fecal:** _____ **Ear swab:** _____ **X-ray:** _____ **Urinalysis:** _____

If after examining my pet the doctor feels that treatment is recommended, I give my permission for the recommended treatment. This may include, but is not limited to injections,

IV or Sub Q fluids. Our team will do our best to work proactively and communicate with you via phone. Please keep your phone with you for ease of communication.

If the veterinarian feels it necessary to use anesthesia for testing or treatment, I give my permission to do so.

***Payment is due at the time services are rendered. Balances carried forward are subject to a 1.5% service charge. ***

Signature _____

Consent/Decline Directive for Cardiopulmonary Resuscitation and Release of Legal Liability:

GENERAL INFORMATION ON CPR

Should, based on the medical judgment of a Catoctin Veterinary Clinic Veterinarian, my pet require cardiopulmonary resuscitation (CPR), or other heroic interventions, I request or decline that the doctor(s) at Catoctin Veterinary Clinic pursue such medical care as indicated below.

I have been informed by Catoctin Veterinary Clinic that less than 10% of animals that require CPR will survive to be discharged from the hospital. I understand that despite the best efforts of the veterinarians and staff at the Catoctin Veterinary Clinic, CPR may not save my pet's life. I also understand that even the most successful CPR that restores my pet's life may not allow my pet to regain their normal mental and physical health and, thus, may leave them as an invalid.

RELEASE OF LEGAL LIABILITY

Regardless if whether I consent or decline to have CPR performed on my pet, in consideration for following my directive, I hereby waive, release and discharge any and all claims for damages, including, but not limited to claims for death, injury or property damage, whether or not resulting from the negligence, gross negligence, misconduct or other acts of Catoctin Veterinary Clinic, its veterinarians and staff, that I may have individually or on behalf of my pet, or that may subsequently accrue, as a result of honoring this directive, and I declare that any such veterinarian, staff and Catoctin Veterinary Clinic is acting in accordance with my directions. This is intended to be an advance release of legal liability, even if negligence or other misconduct occurs. Consent/Decline Directive for Cardiopulmonary Resuscitation and Release of Legal Liability

DIRECTIVE OPTIONS: Select A or B:

A. _____ REQUEST FOR CPR.

Having requested such emergency procedures, I agree to be held responsible for a minimum resuscitation fee of \$150.00 to pay for the services performed while staff members pursue

treatment and try to reach me for further directions. Regardless of my pet's survival I agree to pay this fee in addition to the other fees already identified by the practice and agreed upon by me.

I agree that if Catoctin Veterinary Clinic staff is unable to reach me within 15 minutes after the initiation of CPR procedures, and after exercising reasonable medical judgement, a veterinarian determines that there appears to be virtually no hope for medical success, the further CPR procedures will cease.

I have read the above information, and I agree to the above terms, and request cardiopulmonary resuscitation (CPR) be performed on my pet.

Signature _____ Date _____

Best contact phone number _____

OR

B. _____ DECLINE CPR

DO NOT RESUSCITATE MY PET. I have read the above information, and I agree to the above terms, and request that NO CPR be performed on my pet.

Signature _____ Date _____