Brook-Ellis Pet Hospital

18542 Brookhurst St
Fountain Valley, California 92708
(714) 963-0440
infobeph@gmail.com
https://www.brookellisvet.com/

New Patient Form Canine/Feline

RABIES VACCINATION POLICY - PLEASE READ CAREFULLY

All dogs/cats seen through our practice are required to have a current rabies vaccine in accordance with state and local law and for the safety of our staff and the public. If your pet does not have a current rabies vaccine, one will be administered at your pet's appointment if they are healthy enough to be vaccinated and do not have prior medical conditions such as certain autoimmune diseases which would make vaccination unsafe. Your selection below indicates you are aware of and acknowledge this requirement.

Rabies Vaccine Requirement Acknowledgement

_____

Patient Name

_____

Species

- ○ Canine
- ○ Feline

Breed

_____

Color

_____

Date of Birth or Approximate Age

_____

Gender

- ○ Male
- ○ Neutered Male
- ○ Female
- ○ Spayed Female
- ○ Unknown

Date Adopted or Purchased

_____

Is your pet microchipped? If so, provide microchip number.

- ○ Yes and I know the microchip number (please specify below)
- ○ No, my pet is NOT microchipped
- ○ Yes but I DO NOT know the microchip number and would like to know

_____

Has your pet been seen at a veterinary hospital before? If so, please list the hospital(s) contact information. Please request a copy of your pet's medical records to be emailed to us at infobeph@gmail.com prior to the appointment date.

_____

_____

_____

Vaccine History : List previous vaccines including date administered and due dates.

_____

_____

_____

Has your pet had a heartworm and fecal parasite test in the last year? If so, please provide the results.

- ○ YES, my pet has had a heartworm and fecal test with in the last year and it was NEGATIVE.
- ○ NO, my pet has not had a heartworm and fecal test with in the last year. (It is recommended to bring a fecal sample to the appointment.)
- ○ YES, my pet has had a fecal test with in the last year and it was POSITIVE. (Please list any treatment provided below. A fecal sample is recommended to bring to next appointment.)

_____

Does your pet have any allergies (i.e. medications, environmental, food, vaccines, etc.)?

_____

Does your pet have any previous medical issues including surgeries?

_____

List any current or recent medications (including flea/tick or heartworm prevention given) including the strength, dose, and frequency of the medication.

_____

_____

_____

Medications: If a choice is available, is it easier to give your pet pills, liquid or unknown?

Exercise Schedule: Provide any information about daily exercise.

- ○ Indoors only
- ○ Outdoors only
- ○ Indoor and outdoors

Nutrition: What do you feed your pet? Please be specific as possible including dry or wet, brand, protein/flavor, grain-free, free feeding or measured amount and time? Include all treats including table food.

All patients being treated are required to have a (CPR) Cardiopulmonary Resuscitation or (DNR) Do Not Resuscitate code. **In all likelihood we will not need this information as it is used in VERY RARE CASES OF EMERGENCY ONLY.** CPR is the resuscitation of an animal that has stopped breathing or whose heart has stopped. Animals that survive cardiopulmonary arrest and have been successfully resuscitated (CPR) are EXTREMELY critical and unstable

Life Support Consent

- ○ I DO NOT want CPR performed on my pet. I understand that my pet WILL die in the event the he/she stops breathing and/or his/her heart stops beating. I have elected to have a DNR (Do Not Resuscitate) order placed on my pet's record.
- ○ I wish the staff to perform CPR (resuscitation) on my pet if my pet suffers from cardiac or respiratory arrest. I authorize every attempt to be made to resuscitate my pet. I understand that my pet may not respond to CPR and may die despite CPR. I understand that the cost could substantially exceed the estimate.

PLEASE READ CAREFULLY AND SIGN BELOW

I am the owner or responsible agent for the animal described above and have the authority to execute this consent. I am over 18 years of age. I have read and understand the life support policy and authorize Brook-Ellis Animal Hospital to execute the elected decision. I have had the opportunity to ask questions that I may have regarding the life support policies that were given. I authorize Brook Ellis Pet Hospital to use appropriate anesthetics and other medication deemed necessary by the veterinarian.

Signature