Brook-Ellis Pet Hospital

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

Drop Off Exam

Pet's Name

_____

Date

_____

Thank you for dropping you pet off with us today! The following information will be used to help our veterinary team accurately complete your pet's medical history for today's visit.

We will need to be able to contact you or someone with **permission to make medical and financial decisions.** Who will we be speaking with?

Name and phone number

_____

Secondary phone number

_____

If your pet needs treatment, would you like us to:

- ○ Administer any necessary medical treatment (You will be responsible for fees created by treatment)
- ○ Call and verify estimate prior to treatment

What will we be seeing your pet for today? (Please give us as much information as possible)

_____

_____

_____

How long as this problem been present?

Has your pet ever had an adverse reaction to any medications or vaccines? If so describe:

Is your pet taking any medications, supplements, flea, tick or heartworm medications? If yes, please describe type, strength and frequency below.

For the protection of your pet(s) and others in the hospital, if your pet has live fleas, it is the policy of Brook-Ellis Pet Hospital to administer a single dose of Capstar which eliminates fleas for 24 hours at the clients cost ($20). If your pet is on flea control, please list this medication and when it was last given in the box above.

Additional Services: If you would like any of the following additional services provided today for {PATIENT NAME}, please select them below. NOTE: if the doctor determines that {PATIENT NAME} is too unstable to perform these services safely, they may be deferred for today.

- ☐ Toe Nail Trim
- ☐ Anal Gland Expression
- ☐ Ear Cleaning (Basic/Maintenance)
- ☐ Update vaccines, if due
- ☐ Annual lab work
- ☐ Annual heartworm test
- ☐ Annual fecal parasite test
- ☐ Refill medication(s) (list below)

When pets stay with us for the day, it is our protocol to set them up with comfortable bedding. Is it ok to place blankets or towels in with them? Does {PATIENT NAME} have a tendency to eat or chew on blankets or towels?

Life support consent:

Some form of anesthesia and/or sedation is required for all surgical procedures. Precautions are taken for each patient as an individual when it comes to anesthesia. Your pet will be required to have preliminary diagnostic test performed prior to anesthesia/surgery. This may include but may not be limited to bloodwork, radiographs, ultrasounds, or cardiology consults. You will be instructed as to what tests may be necessary for you pet. Anesthesia is a risk for all patients, no matter their age or breed. 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. 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 resuscitate (CPR) are EXTREMELYcritical and unstable.

Please select ONLY ONE of the following by initialing next to your selection:

Please select ONLY ONE of the following by initialing next to your selection:

○ 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. Every attempt will be made to resuscitate your pet. I understand that my pet may not respond to CPR and my 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 agree. I hereby authorize Brook-Ellis Pet Hospital the us of the appropriate anesthetics and other medication deemed necessary by the veterinarian. I also authorize the performance of the above life support. I have had the opportunity to ask questions that I may have regarding the life support policies that were given.

I, _____, acknowledge that my pet may be here until 5pm today and understand that my pet will be worked in-between already scheduled appointments.

_____

Note: There is a $27 drop off/day hospitalization charge for all drop off exams

Signature

_____