Brook-Ellis Pet Hospital

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https://www.brookellisvet.com/

New Patient Form Reptile

Patient Name

_____

Species

_____

Date of Birth or Approximate Age

_____

- Unknown

Gender

- Male
- Female
- Unknown

Obtained From and When?

_____

How long ago

_____

Describe Enclosure

_____

_____

_____

Heat Source - Type and Replacement Schedule

_____

Thermometers

Water Source

- Yes
- No

Substrate Bedding

UV Light Source - Type and Replacement Schedule

- Yes
- No

Describe Usual Diet

Any Vitamin/Mineral Supplements - Describe What Kind and How Often

- Yes
- No

Any past medical problems? Has your pet been to a veterinary hospital before? If yes, please state what hospital so we can obtain past medical history.

Last Meal

Last Bowel Movement

Last Shed

Last Soak

_____

Additional comments, questions or concerns

_____

_____

_____

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 Pet 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

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