

Animal Emergency

Hospital of Redmond

Hospital Admission/Anesthesia/Sedation Release Form

Pet Name: _____ Date: _____

The best number to contact me is _____ (Home, Cell, Work, Other)

Pet Information

When was the last time your pet ate? _____

Is your pet taking any medication? Yes No. When was the last dose? _____

Has your pet experienced any unreported illness or injury in the last 30 days? Yes No

Are you aware of any seizures or problems with anesthesia in the past? Yes No

CPR Code

In the event of a respiratory or cardiac arrest episode, I authorize the doctors and staff of Animal Emergency Hospital of Redmond to perform the following Cardiopulmonary Resuscitation (CPR) efforts (check one and initial):

- _____ DNR (Do Not Resuscitate): I understand that no efforts will be made to resuscitate my pet.
- _____ Basic CPR: This includes ventilation support and closed chest compressions along with required diagnostics, monitoring and medications. An additional cost of \$400-\$800 is authorized on top of any previously discussed estimate.
- _____ Advanced CPR: This includes Basic CPR plus any more-advanced treatments such as open-chest CPR, advanced life support and diagnostics as deemed necessary by the doctor(s). An additional cost of \$800-\$1200 is authorized on top of any previously discussed estimate.

Hospitalization/Anesthesia/Sedation/Procedure Release

I understand that during the performance of the above checked procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedures, or even procedures different than those set forth above. I understand an attempt will be made to reach me by telephone for permission prior to any additional procedures or services, unless an emergency situation with my pet presents itself. In case of emergency, I hereby consent and authorize the performance of such procedures as necessary and desirable in the exercise of the veterinarian's professional judgment to treat and maintain my pet's health. If I cannot be reached, additional *non-emergency* procedures will not be performed unless I have given prior permission.

I have been advised of the nature of the services and procedures checked above, as well as the risks involved, including death. While I expect all procedures to be performed to the best of the staff's abilities, I realize that medical results cannot be guaranteed. I have reviewed and agree to the cost estimate and I understand the cost estimate may not be a complete representation of the final bill if additional procedures are performed.

In case of emergency, and in the event I cannot be contacted in a timely manner, I authorize Animal Emergency Hospital of Redmond (AEHR) to perform any additional diagnostic, therapeutic, or surgical procedures necessary for treating and maintaining my pet's health and comfort. I expect AEHR to use reasonable precautions to ensure my pet's safety, and I agree to pay in full for all services at the time services are provided.

Print name: _____ Signature: _____ Date: _____

If I am unreachable, contact _____ at this phone number _____, whom I authorize to make emergency decisions for my pet on my behalf during my pet's current hospitalization.