



(PLACE PATIENT LABEL HERE)

PATIENT DROP OFF FORM

ONCOLOGY SURGERY INTERNAL MEDICINE CARDIOLOGY CRITICAL CARE

When did your pet last eat (including treats)? Date: _____ Time: _____

When was your pet last given access to water? Date: _____ Time: _____

Has your pet experienced any of the following in the past week (please check all boxes that apply):

Vomiting Diarrhea Lethargy Skin Issues (infection, sores, rash, etc.) Change in appetite Other

If yes, please explain: _____

Please list all medications your pet is currently receiving, including over-the-counter medications (i.e. aspirin, herbal/all-natural remedies, vitamins, etc.):

Medication & Strength (i.e. Carprofen, 75mg)	Dose (i.e. 1 tab twice a day)	Day/time last dose was given?	Need Refill?
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

The surgery/procedure my pet will have performed today is: (Please be as specific as possible, i.e mass removal on the back side of the right front leg): _____

Do you have any specific questions or concerns for the doctors before the procedure today? Yes No

If yes, please explain: _____

Primary Contact Person Today: _____ Best number to call: _____

Additional contacts/phone numbers: _____

When would you like us to contact you? Before my pet's procedure/treatment After my pet's procedure/treatment

Desired time of pick up: _____ (we will call if we cannot accommodate that time)

If leaving any personal belongings here today (leash, bed, carrier, etc.) please list them here: _____

~ Please see reverse side for hospitalization codes. ~

HOSPITALIZATION CODES:

All pets left in the care of VES/VSC require a hospitalization code regardless of the reason for their visit. In the event of an emergency, this allows our staff to respond immediately and according to your wishes. **Unless otherwise selected below, staff will perform cardiopulmonary resuscitation for your pet as needed.**



DO NOT RESUSCITATE (DNR - red code): I do not wish to have any resuscitation efforts performed for my pet. In the event of cardiopulmonary arrest, please let them pass without intervention. My pet may be given comfort care such as oxygen and pain control to ease their passing as deemed appropriate by the attending doctor. I recognize that comfort care costs are variable, and may range from \$50 to >\$250.



PERFORM CARDIOPULMONARY RESUSCITATION (CPR - green code): Resuscitation efforts performed for my pet may include external compressions, oxygen support, intubation, injectable rescue medications, monitoring, ventilatory support, transfusions and intrathoracic compressions as deemed appropriate by the attending doctor. I recognize that initial costs are extremely variable, and can range from \$300 to >\$1500 within the first 15-30 minutes. This does not include the cost of post-arrest monitoring.

Signature: _____

Date: _____

FOR STAFF USE ONLY

Admitting Staff Member has:

TPR to be completed by incoming specialty staff



Verified completion of all questions on form

T : _____ P : _____ R : _____



Verified/updated contact information in Impromed

Wt : _____ kg INITIALS : _____



Verified estimate signatures, collected deposit and entered payment in Impromed (if estimate provided)

Signature: _____