



ADMISSION AND CONSENT FORM
Kristin Wendelburg, DVM, DACVS

Please answer ALL questions as completely as possible

General Information:

Pet Name:

Client Name:

Client Email:

Veterinary Clinic:

Primary Veterinarian:

Date of Surgery:

Please list ALL surgical procedures which you are expecting to be performed. Please specify exact location (ie: specify which leg, locations of masses, etc)

Current Health Information:

Has there been any change in your pet's condition since your last appointment:

☐ **Yes** ☐ **No**

If yes, please describe:



Is your pet currently taking any medication?:

| | Medication | Strength (mg) | Dosing Frequency | Last dose Administered |
|---|----------------------|----------------------|----------------------|------------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

History:

Has your pet had general anesthesia performed before:

☐ Yes ☐ No

If yes, did your veterinarian report any complications?

Please list any known allergies that your pet has:

Contact Information: An attempt will be made to call the primary phone and if needed, the alternative phone number. If there is no answer on either phones, a voice message will be left by Dr. Wendelburg if possible.

Name:

Primary Phone:

Alternative Phone:

**CPR Request:**

It is essential to decide in advance of any anesthetic procedure whether aggressive measures of resuscitation (CPR) will be employed if needed.

DNR=Do Not Resuscitate. By selecting DNR, you are deciding that resuscitation (CPR) is not be performed in the event that the pet stops breathing, has no heartbeat, becomes unconscious or collapses.

CPR=Resuscitation. By selecting CPR, you are deciding that resuscitation (CPR) be performed on your pet if needed. This is tailored to meet the needs of the individual patient and may include establishing an airway with placement of an endotracheal tube and administration of oxygen or medications through the tube, placement of intravenous access with a catheter and administration of fluids and/or medications through the catheter and/or chest compressions. It is important to understand that pets who have had CPR are considered unstable and additional costs will apply and transfer to an emergency facility with 24 hour care would likely be necessary. The care is costly and the outcome is unpredictable. Please note that your CPR/DNR selection on this form will control over any prior CPR/DNR that you have previously selected.

☐ **CPR. I wish for CPR to be performed if necessary**

☐ **DNR. I do not wish to have CPR for my pet and understand that if it is necessary my pet will pass away**

Initial:

I have carefully read and understand the information above. Any questions that I have regarding CPR have been explained to my satisfaction.

Initial:

If I request CPR, I agree to be held responsible for veterinary services provided to my pet while staff members pursue treatments during the attempts to reach me for further discussion. Regardless of the outcome of CPR, I agree to pay CPR fees in addition to fees already agreed upon by me.

Owner's Signature

X

Owner's Printed Name

Date



Consent for Anesthesia and Surgery:

I understand that some risks always exist with anesthesia and/or surgery and that complications and even death are possible. I understand that I am encouraged to discuss any concerns that I have about these risks with the attending veterinarian or Dr. Wendelburg before the procedure(s) is/are initiated. I also understand that the attending veterinarian will perform a pre-anesthetic physical exam and their staff will be monitoring my pet at all times while under anesthesia to minimize the risks. I have been advised as to the nature of the procedure(s) and the risks involved, including the possibility of death. I realize that no guarantee can be made legally or ethically to me regarding the outcome of any procedure performed. I confirm that I am over the age of 18 and that I am the owner (or authorized representative) of the above described animal and have the authority to execute this consent and authorization. I also assume full financial responsibility for this pet.

I have carefully read and understand this authorization and consent.

Owner's Signature:

X _____

Owner's Printed Name

| |
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| |
|--|

Date

| |
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