



Uptown
ANIMAL HOSPITAL
& URGENT CARE

3316 56th Street, Suite 104, Gig Harbor, WA 98335 | 253.851.7387 | www.uptownvet.com

Admission Form

Today's Date:

Patient:

Owner:

Age:

Sex:

My pet is currently on these medications (please indicate last dose given):

My pet last ate: _____

Uptown Animal Hospital is a flea free environment. If your pet is found to have fleas they will be treated immediately at your expense. _____

Please check ONE of the following:

- 1.) I would like **phone call / email** for any non-critical update – **at any time:** _____
) Please only contact me for any non-critical update between the following hours: _____

Please check ONE of the following:

- 1.) If there are any additional procedures or medications needed, please contact me before proceeding with these services.
2.) I authorize any additional treatments and charges the doctor thinks are necessary.

Consent / Release: I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give the veterinary staff full and complete authority to perform the procedures/treatments described. I authorize the veterinary staff to perform any other treatment that, at their discretion, may be useful to promote the health of the above described pet, and I do hereby and by the presents forever release all veterinary staff from any and all liability arising from said treatments or procedures on said animal.

Anesthesia / Sedation: Like any medical procedure, anesthesia does have risks. These risks can run from minor problems, such as mild vomiting after recovery from anesthesia, to life-threatening problems such as cardiac arrest or stroke. Anesthesia-related deaths are rare. Complications can occur and our veterinary team will take all of the necessary precautions to ensure that your pet is safe and can handle anesthesia.

I understand that the safety of my pet is the overriding priority. I understand that any price quote I have been given is an estimate and if complications are involved, or the procedure is of greater complexity than anticipated, the price may be higher. I also understand I am responsible for any additional charges incurred during an emergency procedure.

In the event of an unforeseen emergency we will attempt to reach you or your agent without delay. Please know that we take every precaution to ensure that your pet is safe and also healthy enough to undergo their procedure today. Any known risks will be discussed with you. However, very rarely, emergencies do happen and we want to know your preferences if no one can be reached.

****Please initial your preference below****

_____ **Basic CPR:** Resuscitative efforts may include chest compressions, airway support, including insertion of a breathing tube, IV catheter and drug therapy. Additional costs will be incurred starting at \$500.

_____ **DNR: Do NOT resuscitate.** If your pet stops breathing or if your pet's heart stops beating. I DO NOT want to veterinary staff attempt resuscitative efforts.

I understand that the safety of my pet is the overriding priority. I understand that any price quote I have been given is an estimate and if complications are involved, or the procedure is of greater complexity than anticipated, the price may be higher. I also understand I am responsible for any additional charges incurred during an emergency procedure.

Further, I assume responsibility for and will pay all charges in full upon discharge of the animal for the hospital.

Signature _____ Emergency contact number _____