

# Procedure Drop Off Form

Date \_\_\_\_\_ Internal Medicine      Ophthalmology      Neurology      Surgery

Veterinarian to perform surgery \_\_\_\_\_

Owner name \_\_\_\_\_ Pet's name \_\_\_\_\_

Owner phone \_\_\_\_\_ Canine    Female    Spayed  
Feline    Male    Neutered    **Breed** \_\_\_\_\_

Owner secondary phone \_\_\_\_\_ Owner email address \_\_\_\_\_

**Reason  
for visit**

When did your pet last eat? \_\_\_\_\_

What did your pet eat? \_\_\_\_\_

**Does your pet have  
a special diet?** If so,  
describe diet and include  
special diet instructions  
(include brand/type,  
amount, times).

**Does your pet  
have any specific  
allergies to food?**  
If so, describe any  
allergies.

**Does anyone in your household have a peanut allergy?**      Yes      No

**Please list current  
medications.** Include  
dosages and when  
last given, if possible.  
If none, write none.

**How has your pet  
been doing since  
his/her last visit?**

# Procedure Drop Off Form

Is your pet diabetic?      Yes      No

What is your pet's feeding and insulin schedule? What type and how much insulin?

Does your pet have any known medical conditions? Seizures, kidney, liver, heart, etc.? (If none, write none.)

---

Is your pet exhibiting any of the following? Please check all that apply.

Vomiting	Coughing	Increased Urination	Increased Thirst	Increased Appetite	None
Diarrhea	Sneezing	Decreased Urination	Decreased Thirst	Decreased Appetite	

If you checked off any option above, please describe what issues your pet has been experiencing.

Have there been any changes to the area being operated on today? If so, please describe. (If none, write none.)

Does your pet have any specific allergies to medication or anesthetic complications? (If none, write none.)

Has your pet taken any steroids in the last 7 days?      Yes      No

Are there any other issues you would like addressed during this visit?

Does your pet need refills on any medications?

---

# Procedure Drop Off Form

## Treatment Plan Agreement

Estimated and accepted treatment costs as discussed (ex. \$1,000-\$2,000). A copy of your treatment plan was attached to the email you received. Your deposit will be half of the high end of the estimated agreed upon costs. Below, please insert numbers only.

---

### General Consent for Treatment and/or Admission

I, the undersigned owner, authorized agent of the owner responsible for seeking veterinary care for the pet identified above, certify that I am over 18 years of age, and hereby consent to the examination of this pet by staff veterinarians at this veterinary practice.

I agree that after consultation with me, the hospital's doctors may prescribe medication for, treat, and hospitalize this animal. I understand a good faith effort was made to make this treatment plan and estimate of costs accurate, but I understand that medical conditions can change, resulting in changes in the ultimate charges. I understand that if the estimate is expected to change, I will be contacted to authorize the change. I understand that a deposit is required and I agree to pay the balance in full at the end of hospitalization at BluePearl Langhorne. I understand that some risks always exist with illnesses and diseases/medical conditions, as well as the treatment of such conditions, and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the treatment is initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian be unable to reach me, this practice's staff has my permission to provide such emergency treatment and I agree to pay for all related fees. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made. In the event the pet is hospitalized for more than 24 hours and the attending doctor is unable to reach me, I understand it is my responsibility to call the hospital at least every 24 hours to inquire as to the medical status of my pet and the fees incurred for medical services up to that day. In the event that additional time in the hospital is required, new developments requiring medical attention arise, or other causes of a more involved hospitalization with increased costs should arise, I understand that an updated estimate will be provided to me. Should an updated estimate be provided I understand that I will be required to increase the current deposit to a total deposit of 50% of the revised estimate. I agree that either I, or an authorized agent of mine, will pick up this pet within five days after receiving written or oral notification that this animal is ready to be released from the hospital. Such notice will be given at the address maintained on the hospital's patient/client record. I agree that if I fail to comply with this policy, this practice may handle this abandonment in the best interests of the pet and the hospital and I will be responsible for all fees incurred.

---

By signing below, I agree to the General Consent for Treatment and/or Admission above:

### Authorization for Anesthetic Procedure(s) and/or Surgery

If scheduled or deemed necessary during your pet's stay. The most common complications of any sedation/anesthetic/surgical procedure would include: nausea/vomiting, discomfort, weakness. The most serious complications of any sedation/anesthetic/surgical procedure would include bleeding, infection, surgical failure, organ failure, death. Although these are rare it is important that you understand that such complications are possible. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending doctor before the procedure(s) is/are initiated.

---

By signing below, I agree to the Authorization for Anesthetic Procedure(s) and/or Surgery above:

### Update Calls and Visitation Acknowledgment

Communication is paramount to our team and we try our best to keep you and your family up to date with your pet's care. However, we kindly ask that you please refrain from calling for updates between 6 am and 10 am. Treatments and assessments by our team are being performed during this time, and we are unable to come to the phone as our attention is on our patients, including your own pet.

---

# Procedure Drop Off Form

By signing below, I agree to the Update Calls and Visitation Acknowledgment above:

## Cardiopulmonary Resuscitation

In the devastating event that your pet were to deteriorate and experience a cardiac arrest or respiratory arrest, no longer have a heartbeat or stop breathing our standard procedure would be to initiate Cardiopulmonary Resuscitation (CPR). Please note that costs of this can range from \$300-\$800+ depending on nature and duration of intervention. Under certain circumstances the veterinarian may recommend that resuscitation not be performed; as a pet owner you may prefer not to have resuscitation performed. In such cases you have the option to elect a Do Not Resuscitate (DNR) order.

### Chosen CPR code

Yes, if necessary, I do wish to have CPR performed.

No, thank you. If my pet passes away please do NOT resuscitate him/her.

## Payment Type for Deposit

Deposits will be taken over the phone the day prior to your procedure. All CareCredit transactions should be completed online through CareCredit's PayMyProvider service. Please visit [www.vetcares.com/CareCredit](http://www.vetcares.com/CareCredit) to make a direct payment. You can also use the CareCredit app on your phone as well. This option is very convenient as your card information is already populated for you in the app once you login. When referencing an invoice number if you do not have one, please type in the date.

### Payment type

Credit Card (via phone)

CareCredit

By signing below, I agree to the Financial Agreement. The remaining balance is due in full upon discharge.

---