



**ELM POINT ANIMAL HOSPITAL**  
3250 Elm Point Industrial Dr.  
St. Charles MO 63301  
(636)757-7350  
www.elmpointvet.com

Admitting Nurse \_\_\_\_\_

## ANESTHESIA/SURGERY/TREATMENT CONSENT FORM

Owner Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Patient's Age: \_\_\_\_\_

As the owner of the above patient, I give full consent to Elm Point Animal Hospital to perform the following surgery, procedure, or treatment(s):

\_\_\_\_\_  
\_\_\_\_\_

Prior to all procedures requiring intravenous fluids (i.e. surgery, hospitalization), an intravenous catheter will be placed in the patients front leg. This requires shaving one or both of the front legs.

YES, I have read the above sentence and understand \_\_\_\_\_. (Initial)

- Please list any medications your pet is taking and when they were last given.

\_\_\_\_\_  
\_\_\_\_\_

- Is your pet on Heartworm preventative or flea/tick preventative? If so, what kind?

\_\_\_\_\_

- When was the last time your pet had food or water?

\_\_\_\_\_

- Does your pet have any allergies to medication that you know of?

\_\_\_\_\_

- List any belongings being left with your pet.

\_\_\_\_\_

While your pet is visiting at Elm Point Animal Hospital, would you like any of the following services performed (at an additional cost):

Nail Trim	Request	Decline
Ear Cleaning/Plucking	Request	Decline
Anal Gland Expression	Request	Decline
Fecal Parasite Exam	Request	Decline
Other: _____	Request	Decline



**ELM POINT ANIMAL HOSPITAL**

3250 Elm Point Industrial Dr.  
St. Charles MO 63301  
(636)757-7350  
www.elmpointvet.com

Admitting Nurse \_\_\_\_\_

**CONSENT FOR CPR OR DNR**

All patients at Elm Point Animal Hospital are constantly monitored during surgery and the best care will be taken with your pet while undergoing this procedure. While complications from anesthesia are very rare, sometimes there are risks regardless of patient age, health, breed, and response to anesthesia.

*CPR is the resuscitation of a patient whose heart and/or breathing has stopped.*

*DNR "do not resuscitate". This decision is to NOT perform CPR in the event a patient's heartbeat and breathing have stopped. No attempt to revive the patient will be made in the circumstance that the patient stops breathing or their heart beat stops.*

Patients that have survived cardiopulmonary arrest and have had CPR are critical and unstable. Even if CPR is performed and the patient has survived CPR there is not a guarantee the patient will survive or have normal brain function. Management of the patient after cardiac arrest is extensive and costly.

I understand that there are risks associated with anesthesia and no guarantee of a good outcome. I am the owner and agent for my pet and understand the risks of treatment and that I am responsible for all fees associated with procedures performed on my pet no matter the outcome.

**I have read and understand the information above. \_\_\_\_\_ (initials)**

- I wish for CPR to be performed on my pet if they suffer from cardiac or respiratory arrest. My pet may respond to CPR but may later arrest again. I understand my pet may pass away despite CPR. I understand the initial fee for CPR is between \$100 and \$300.
- I DO NOT want CPR, performed by the medical staff, on my pet. I understand if my pet goes into cardiac arrest my pet will pass away without CPR.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_