



# CPR / DNR

{NAME} {LASTNAME}  
{PATIENTID}

\_\_\_\_\_ KGS  
{CURRENTDATE[LONG]}

{AGE}  
{SEX}  
{BREED}

## PROCEDURE/ CONDITION:

VET IN CHARGE:

REFERRING VET: {REFDOCTORFULLNAME} {REFHOSPITALNAME}  
{REFHOSPITALPHONENUMBER}

Patient's belongings:

Behaviour	Comments
Friendly	
Attention	
Risk	



Category	Description
Friendly	<ul style="list-style-type: none"> <li>No behavioural concerns have been noted on admission to RVH</li> <li>Suitable for all levels of handlers</li> <li>Indirect supervision of students when performing clinical examination</li> </ul>
Attention	<ul style="list-style-type: none"> <li>Mild – Moderate behavioural concerns noted on admission/during hospital stay at RVH</li> <li>Direct supervision for students-Students to have an RVH staff member present to monitor interactions during assessment or any physical examination/treatment with the pati</li> <li>Use appropriate PPE – muzzle, gloves, medication, space, time</li> </ul>
Risk	<ul style="list-style-type: none"> <li>Extreme behavioural concerns noted on admission/during hospital stay at RVH</li> <li>No student contact – only RVH staff members to attend to patient</li> <li>Students can watch how RVH staff control behaviour from safe distance – risk patients need space and time to familiarise with new area</li> <li>Use appropriate PPE – muzzle, gloves, medication, space, time</li> </ul>



## Procedure & Treatment Consent Form

PART A – Owner and Patient Information			
Patient Name:		Owner Name:	
Patient ID:		Client ID:	
Species:		Telephone:	
Breed:		Animal ID Microchip/tag/branding	
Sex:		➤ Weight:	
Age:			

➤ PART B – Patient Condition at time of admission - When did the Patient last?		
Eat or have access to food?		
Drink or have access to water		
a. Does the Patient have access to any toxins	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please state
b. Has the Patient been unwell in the past week	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please state
c. Does the Patient have any known drug / anaesthetic reactions	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please state
d. Current medications or supplements	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please list below
List of medications or supplements	Frequency	Dosage
1.		
2.		
3.		

Personal items left at Owner's Risk
I acknowledge that RVH does not accept responsibility for the loss and/or damage of any Patient belongings, and that if I leave leads, collars, blankets, toys, food containers or other items with the Patient, I do so at my own risk.
➤ Description of items left with the RVH:

PART C - Consent to treatment & procedures	
1.	➤ I give consent for the provision of Treatment and Procedures specified below for the Patient:
2.	I acknowledge that the Treatment and Procedures, and thus cost estimates, may need to vary in response to changes in the animal's condition or results of diagnostic testing.
3.	I acknowledge that the risks of the course of action described have been explained to me and confirm that I understand and accept those risks.
4.	If the Patient is undergoing an arthroscopic, laparoscopic or thoracoscopic procedure, I acknowledge it may

## Cardiopulmonary Resuscitation (CPR)

In the event of respiratory or cardiac arrest, ☐ **I DO** / ☐ **DO NOT** want resuscitation and life supporting therapy performed. I understand that life-saving measures will be implemented if consented to, but may not be successful. If I DO want resuscitation and life supporting therapy performed, then I (or, if the Owner's Authorised Representative, the Owner) agree to pay all costs of that resuscitation and life supporting therapy, in addition to the original Cost Estimate. This varies from \$500 - \$1000 (*estimated costs only*).

☐ Basic: Intubation and Chest compressions

☐ Do Not Resuscitate (DNR)☐ Advanced: Intubation, chest compressions and medications

Is your pet insured? ☐ Yes ☐ No

Insurance provider

name:

Policy No	
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I agree to the charges in relation to the Treatment and Procedures as described in this form. This is an estimate of costs only and does not cover re-visits and/or continued treatment.

As the owner/authorised agent, I agree to pay a 50% deposit upon the Patient's admission, and the account in full upon discharge of the Patient.

**Pet insurance:** Payment is required in full at the time of service.

Nominate Payment options:

	Cash
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EF
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	Visa
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	Mastercard
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	Vetpay
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<b>Patient Name:</b>		<b>Owner Name:</b>	
<b>Patient ID:</b>		<b>Client ID:</b>	

## PART E – Authorisation

By signing below, I acknowledge the nature of these procedures, including possible complications, may occur and I accept that the success of medical or surgical treatment and aftercare cannot be guaranteed.

I understand, acknowledge and agree to the matters set out in this form and consent to the release of information to the parties indicated by me. **I consent to RVH to releasing the Patient Information set out in Part A of this form and any medical notes and diagnostic information regarding the patient to the following third parties:**

- Insurance Companies
- Referring Veterinarians and Health Care Providers
- Any parties required by law; and

*Any other parties approved by the Owner or the Owner's Authorised Agent, evidenced by their written signed consent or via verbal consent provided via telephone and certified by RVH staff.*

➤ <b>Owner / Agent Name:</b>		➤ <b>Owner / Agent Signature:</b>	
➤ <b>Date:</b>		➤ <b>Telephone:</b>	
➤ <b>Additional contact name and telephone:</b>			