

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	
Risk	



Category	Description				
Friendly	 No behavioural concerns have been noted on admission to RVH Suitable for all levels of handlers Indirect supervision of students when performing clinical examination 				
Attention	 Mild – Moderate behavioural concerns noted on admission/during hospital stay at RVH 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 Use appropriate PPE – muzzle, gloves, medication, space, time 				
Risk	 Extreme behavioural concerns noted on admission/during hospital stay at RVH No student contact – only RVH staff members to attend to patient Students can watch how RVH staff control behaviour from safe distance – risk patients need space and time to familiarise with new area Use appropriate PPE – muzzle, gloves, medication, space, time 				



Procedure & Treatment Consent Form

PART A – Owner and Patient Information						
Patient Name:		Owner Name):			
Patient ID:		Client ID:				
Species:	Species: Telephone:					
Breed:		Animal ID				
		Microchip/tag	/branding			
Sex:		➤ Weight:				
Age:						
		I				
➤ PART B - Patient (Condition at time of admission	- When did the	e Patient last?			
Eat or have access to	food?					
Drink or have access t	o water					
a. Does the Patient h	ave access to any toxins		Yes No If ye	es please state		
				produce state		
b. Has the Patient be	en unwell in the past week		Man No If we			
D. TIAS LITE FALLETIL DE	en unwen in the past week		Yes No If ye	es please state		
c. Does the Patient h	ave any known drug / anaesthetic	reactions	Yes No If ye	es please state		
o. Bocs the Fattern have any known drug / anaesthetic reactions						
				·		
				·		
	ns or supplements		Yes No if yes	please list below		
d. Current medication				please list below Dosage		
d. Current medication	ns or supplements ns or supplements		Yes No if yes	•		
d. Current medication List of medication				•		
d. Current medication List of medication				•		
d. Current medication List of medication 1.				•		
d. Current medication List of medication 1.				•		
d. Current medication List of medication 1.				•		
d. Current medication List of medication 1.				•		
d. Current medication List of medication 1.	ns or supplements			•		
d. Current medication List of medication 1. 2. 3.	ns or supplements	for the loss and	Frequency	Dosage		
d. Current medication List of medication 1. 2. 3. Personal items left at I acknowledge that RV that if I leave leads, co	t Owner's Risk H does not accept responsibility llars, blankets, toys, food contain		Frequency I/or damage of any F	Dosage Patient belongings, and		
d. Current medication List of medication 1. 2. 3. Personal items left at I acknowledge that RV	t Owner's Risk H does not accept responsibility llars, blankets, toys, food contain		Frequency I/or damage of any F	Dosage Patient belongings, and		
d. Current medication List of medication 1. 2. 3. Personal items left at I acknowledge that RV that if I leave leads, co	t Owner's Risk H does not accept responsibility llars, blankets, toys, food contain		Frequency I/or damage of any F	Dosage Patient belongings, and		
d. Current medication List of medication 1. 2. 3. Personal items left at I acknowledge that RV that if I leave leads, co Description of items	Cowner's Risk 'H does not accept responsibility llars, blankets, toys, food contain left with the RVH:		Frequency I/or damage of any F	Dosage Patient belongings, and		
d. Current medication List of medication 1. 2. 3. Personal items left at I acknowledge that RV that if I leave leads, co Description of items PART C - Consent to	COwner's Risk 'H does not accept responsibility llars, blankets, toys, food contain left with the RVH: treatment & procedures	ers or other ite	l/or damage of any Fms with the Patient,	Patient belongings, and do so at my own risk.		
d. Current medication List of medication 1. 2. 3. Personal items left at I acknowledge that RV that if I leave leads, co Description of items PART C - Consent to	Cowner's Risk 'H does not accept responsibility llars, blankets, toys, food contain left with the RVH:	ers or other ite	l/or damage of any Fms with the Patient,	Patient belongings, and do so at my own risk.		
d. Current medication List of medication 1. 2. 3. Personal items left at I acknowledge that RV that if I leave leads, co Description of items PART C - Consent to	COwner's Risk 'H does not accept responsibility llars, blankets, toys, food contain left with the RVH: treatment & procedures	ers or other ite	l/or damage of any Fms with the Patient,	Patient belongings, and do so at my own risk.		
d. Current medication List of medication 1. 2. 3. Personal items left at I acknowledge that RV that if I leave leads, co Description of items PART C - Consent to 1. I give consent	t Owner's Risk H does not accept responsibility llars, blankets, toys, food contain left with the RVH: treatment & procedures t for the provision of Treatment ar	ers or other iter	l/or damage of any Fms with the Patient,	Patient belongings, and do so at my own risk.		
d. Current medication List of medication 1. 2. 3. Personal items left at I acknowledge that RV that if I leave leads, co Description of items PART C - Consent to 1. I give consent 2. I acknowledge the	t Owner's Risk H does not accept responsibility Illars, blankets, toys, food contain left with the RVH: treatment & procedures t for the provision of Treatment and	nd Procedures	l/or damage of any Fms with the Patient, specified below for the testimates, may need	Patient belongings, and do so at my own risk.		
d. Current medication List of medication 1. 2. 3. Personal items left at I acknowledge that RV that if I leave leads, co Description of items PART C - Consent to 1. I give consent 2. I acknowledge the changes in the a	t Owner's Risk H does not accept responsibility llars, blankets, toys, food contain left with the RVH: treatment & procedures t for the provision of Treatment and the Treatment and Procedures nimal's condition or results of dia	nd Procedures so, and thus cost	I/or damage of any Fms with the Patient, specified below for the testimates, may need	Patient belongings, and do so at my own risk. The Patient:		
d. Current medication List of medication 1. 2. 3. Personal items left at I acknowledge that RV that if I leave leads, co Description of items PART C - Consent to 1. I give consent 2. I acknowledge the changes in the at 3. I acknowledge the changes in the at 3.	t Owner's Risk H does not accept responsibility Illars, blankets, toys, food contain left with the RVH: treatment & procedures t for the provision of Treatment and	nd Procedures so, and thus cost	I/or damage of any Fms with the Patient, specified below for the testimates, may need	Patient belongings, and do so at my own risk. The Patient:		



	he management a convent to an amon associated annual above time.						
	be necessary to convert to an open surgical approach at any time.						
5.	I have had the opportunity to discuss the Patient's treatment and course of action recommended by RVH as						
	detailed in this Form. I understand the choices available to me, and I consent to the treatment and						
	procedures so described being carried out on the Patient.						
6.	I consent to Further Procedures and Treatments being provided, and to the associated costs, in the event that						
	RVH is unable to contact me prior to further delay becoming detrimental to the Patient's health. Further						
	Treatment and Procedures may include, but are not limited to the provision of CPR, surgical, diagnostic and						
	therapeutic interventions deemed necessary or advisable by RVH since admission.						
7.	In the event of the Patient requiring a blood transfusion, I accept the small risk of certain infectious diseases						
	being transmitted, which can occur despite precautionary screening of all donor blood.						
8.	I acknowledge that the following procedures may result in unusual or exceptional complications and						
	outcomes which include, but are not limited to the following risks which I also understand and accept:						
	· Sedation/Anaesthetic risk: cardiac arrhythmias, myopathy, neuropathy						
	· All drugs, sedatives, anaesthetics, surgery and other procedures involve some risk of allergies, anaphylaxis						
	and a potentially fatal outcome. The RVH aims to minimise these risks by including any of the following in the						
	Patient's procedure as required: fluid therapy, pain management, electronic monitoring, gas anaesthesia and						
	trained veterinary staff for induction, surgical monitoring and recovery.						
	· Surgical risk: haemorrhage, surgical site infection, breakdown or failure of surgical site and/or repair						
	· Post-operative complications						
9.	I acknowledge and agree that, to the fullest extent permitted by law, the University of Adelaide, RVH, and						
	their employees, students, agents, contractors, and successors (together, "RVH") have no liability to me for,						
	and I release RVH from all liability in respect of, any death, injury, disability, illness, loss, or damage suffered						
	or sustained by the Patient arising out of or in connection with either the treatment and procedures						
	administered to them by RVH or any direction, act or omission on the part of RVH, except to the extent that						
	such liability arises from the gross negligence, wilful misconduct, or illegal act or omission of RVH.						
10.	I acknowledge that RVH is a teaching hospital of the University of Adelaide and consent to its students being						
	involved in the care of the Patient in an immediate and directly supervised capacity						
11.	I consent to images (photographic and/or digital) and video being taken of the Patient and their subsequent						
	use, only where de-identified, in teaching, research and / or publication.						
Δ.	dditional procedures: additional costs apply and are not included in the estimate of costs below						
	esex and Microchip tattoos Pet Suit E-Collar Microchip						
Шг	re-anaesthetic Blood ProfilingCheck ears and teethNail Clip Other:						
Card	ionulmonom, Boouseitation (CRB)						
	iopulmonary Resuscitation (CPR)						
	e event of respiratory or cardiac arrest, >						
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 additional to							
the original Cost Estimate. This varies from \$500 - \$1000 (estimated costs only).							
	esuscitation Code (Please select box below) asic: Intubation and Chest compressions Do Not Resuscitate (DNR)						
LL A	dvanced: Intubation, chest compressions and medications						
PAR	T D – Financial Consent						
	ur pet insured? Yes No						
	ance provider Policy No						
name							
	stimated Costs:						
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.							
	inate Payment options: Cash EFTPOS Visa Mastercard Vetpay						

➤ Additional contact name and telephone:



Patient Name:		Owner Name:					
Patient ID:		Client ID:					
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.							
,							
➤ Owner / Agent Name	e:	➤ Owner / Agent					
		Signature:					
		Oignature.					
➤ Date:		➤ Telephone:					