



Outpatient Procedure

1525 Wilmington Drive NW DuPont, WA Phone (253) 267-5431 Fax (253) 235-4004

Client Name: _____

Pet's Name: _____ Breed: _____ Sex: _____

Pet's Age: _____ Date of Drop-Off: _____

We have arranged for you to leave your pet here, to allow us to perform a brief procedure on him/her as soon as possible today. We will call or message you when he/she is ready to be picked up.

The **BEST** number to reach me at today is: _____ or _____

I understand payment is due when my pet is discharged, however, a deposit may be required after an estimate is prepared and discussed. I accept financial responsibility for charges incurred for my pet. I understand that I will be charged for flea medication and a dose will be applied if evidence of fleas is found on my pet today.

Though we do not anticipate any problems, should my pet suffer a cardiac or respiratory arrest during his/her stay here, how would you prefer we care for him/her?

Please make all efforts to resuscitate my pet. (I accept financial responsibility for charges associated with resuscitation)

Please make conservative efforts to resuscitate my pet.
I authorize emergency veterinary care costs up to \$_____

Please do not make any attempts to resuscitate my pet (DNR).

Signature: _____

Date: _____