



Due to the current COVID recommendations, we have elected to use this form to streamline the dropoff process. Please complete this form and let us know when you are ready for a staff member to come out to get your pet. You can either call (919)-562-0100 or text 919-569-5772. Please note, if we do not have your cell phone number we are not able to receive text messages from you. Thank you for your patience.

Date: \_\_\_\_\_ Client: \_\_\_\_\_ Patient: \_\_\_\_\_

Being responsible for the above-described animal, I have the authority to grant you my consent to receive, prescribe for, treat and/or operate on my pet.

\_\_\_\_\_

I authorize the personnel of Rolesville Veterinary Hospital to:

Best Contact Number: \_\_\_\_\_  Text  Call

Perform bloodwork as recommended for my pet  Accept  Decline

Give medication in the hospital and prescribe for home use if needed for my pet

Accept  
 Decline

Use fluid therapy for my pet if needed as determined by the doctor

Accept  
 Decline

Update annual vaccinations or recommended diagnostic test; e.g., heartworm, medication rechecks, Feline Leukemia testing

Accept  
 Decline

What do you feed your pet and when was it last fed?

Please list the concerns and reasons why we are seeing your pet today \_\_\_\_\_

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List of current medications your pet is taking:

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Are there any additional concerns you would like for us to address during this visit today?

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**I understand that Rolesville Veterinary Hospital is not staffed overnight and I accept any risks incurred by leaving my animal overnight unattended. I understand that I have the option to transport my animal to an overnight/24 hour facility if I so desire.**

Initial Here \_\_\_\_\_

**I understand a written estimate for these services will be made available upon my request and that I will provide a 50% deposit for the estimated fees.**

Initial Here \_\_\_\_\_

**In an effort to maintain a flea-free hospital, if fleas are found on my pet upon admittance to Rolesville Veterinary Hospital, I agree to treatment with an appropriate oral or topical flea treatment to prevent spread of those parasite to other hospitalized patients. I understand I will be charged for this treatment.**

Initial Here \_\_\_\_\_

**I understand that Rolesville Veterinary Hospital is not responsible for personal belongings that are left with your pet. We do provide towels and blankets in the cages where all patients are kept.**

Initial Here \_\_\_\_\_

**While I accept that all procedures will be performed to the best of the abilities of the hospital's staff, I understand that no guarantee has been made regarding the results that may be achieved. I agree to assume financial responsibility and provide payment at the time that services are rendered.**

**Consent/Decline Directive for Cardiopulmonary Resuscitation  
And Release of Legal Liability**

**General Information on CPR**

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**Should, based on the medical judgment of an Animal Diagnostic Veterinarian, my pet, require cardiopulmonary resuscitation (CPR), including cardiac compression, positive pressure respiration, emergency drugs, or other heroic interventions, I request or decline that the doctor(s) at Rolesville Veterinary Hospital pursue such medical care as indicated below.**

**\_\_\_\_\_ Request For CPR**

**Having requested such emergency procedures, I agree to be held responsible for a minimum resuscitation fee of \$150.00 to pay for the services performed while staff members pursue treatment and try to reach me for further directions. Regardless of my pet's survival, I agree to pay this fee in addition to the other fees already identified by the practice and agreed upon by me.**

**I agree that if the Rolesville Veterinary Hospital staff is unable to reach me within 15 minutes after the initiation of CPR procedures, and after exercising reasonable medical judgment, a veterinarian determines that there appears to be virtually no hope for medical success, the future CPR procedures will cease.**

**I have been informed by Rolesville Veterinary Hospital and understand that despite the best efforts of the veterinarian and staff at Rolesville Veterinary Hospital, CPR may not save my pet's life. I also understand that even the most successful CPR that restores my pet's life**

may not allow my pet to regain his/her normal mental and physical health, and, thus, may leave him/her as an invalid.

Decline CPR

**DO NOT RESUSCITATE MY PET: I have read the above information and release. I agree to the above terms and release and request that NO CPR BE PERFORMED ON MY PET.**

**CLIENT SIGNATURE:**

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**Owner/Responsible Party Signature**

**Date**