



ROLLING HILLS
PET CLINIC

7010 East Golf Links Road
Tucson, Arizona 85730
(520) 790-4871

DROP-OFF ADMISSION FORM

Date: _____

Owner (or Agent): _____ Pet: _____

I give permission for the pet listed above to be examined by the DVM. A clinic representative will reach me by phone to discuss the course of treatment & estimate of cost.

Please list the contact number in which we can reach you at today.

1st _____ 2nd _____ 3rd _____

CARDIOPULMONARY RESUSCITATION (CPR) REQUESTS

Since my pet will be hospitalized today for treatment, I understand that I must inform RHPC staff of my wishes in regards to CPR for my pet.

In the event of cardiopulmonary arrest (my pet stops breathing and/or his/her heart stops beating):

- I DO REQUEST resuscitative efforts, if deemed necessary in the attempt to keep my pet alive. There is no guarantee the efforts will be successful. I will pay all costs incurred for resuscitative efforts & understand it IS NOT included in the estimated treatment costs.

INITIAL _____

- I DO NOT REQUEST resuscitative efforts to keep my pet alive.

INITIAL _____

- I understand that this facility does not offer 24-hour monitoring. If my pet requires 24-hour monitoring, I understand that my pet may need to be transferred to a facility that does offer 24-hour medical care and monitoring.

INITIAL _____

Print Name: _____

Signature: _____ Date: _____