



709 Orange Street Lebanon, PA 17042
 717-270-1989 vetmedleb.com
 vetmedleb@yahoo.com

Owner's Name: _____
 Address: _____
 Home #: () - _____ Emergency #: _____
 Employers Name: _____ Work #: _____
 Spouse's Name _____ Spouse's Employers: _____ Work: #: _____
 Email Address: _____

Pet's Name: _____ Date of Birth: _____
 Species: _____ Breed: _____ Color: _____
 Sex: _____ Spayed: _____ Neutered: _____

DNR/CPR _____
 Puppy/kitten Packet: ___ Senior Packet: ___ Photo: ___ Microchip# _____ Pet Health Network App _____

VACCINATIONS

Date													
Update Client Info													
Ferret Distemper													
Puppy DHPP													
DHLPP													
Bordetella													
Canine Influenza													
Lyme													
HWT 4DX													
Rabies 1 yr.													
Rabies 3 yr.													
Kitten_FVCRP													
FVCRP													
Felv/Fiv													
Felv													
Fecal													

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release of this pet.

Signature: _____ Date: _____



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Financial Policy

We, at the Veterinary Medical Center of Lebanon, Inc. (VMC), are committed to providing you with the best possible care. We are proud to maintain the American Animal Hospital Association's (AAHA) accreditation to assure your superior consistency of care. Our high standards start with the training of ALL VMC staff members and continues with having in house radiology, laboratory, and a pharmacy.

We always try to provide you with recommendations for the best care of your pet and realize that financial restrictions may need to be considered. All services are expected to be paid in full at the time of the service, however, we have no desire to extend anyone beyond their ability to pay. We encourage you to discuss charges BEFORE they are rendered. We are always happy to provide a written estimate before providing any service.

*All Payments Are Expected To Be Paid In Full At Time Of Services.
In Emergency Cases, A 50% Deposit May Be Required.*

Payment Options

All checks require valid drivers license

Check

Cash

Debit, Visa, Master Card, Discover

Care Credit

Care Credit requires prior approval with application. This can be done online @ www.carecredit.com or in our office. If approved, you could qualify for a no interest financing option for a specific time pending cost of total bill. For more information, please speak to a staff member within our facility.

Appointments

We are by appointment only. Patients who cannot make their scheduled appointment are expected to give 24 hours notice. Messages can be left when our office is closed.

Agreement

I understand the Veterinary Medical Center of Lebanon, Inc.'s Financial Policy. I am also under the agreement/understanding that I accept ultimate responsibility for payment of any and all monies due to Veterinary Medical Center of Lebanon, Inc., including any legal fees that may be incurred.

Signature : _____ **Date:** _____



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Owner:

Patient:

All patients being treated by the Veterinary Medical Center of Lebanon, Inc. (VMC) are required to have a Cardiopulmonary Resuscitation (CPR) or Do Not Resuscitate (DNR) code. In all likelihood, we will not need this information, but as is common practice in humane medicine, we would like for you to think about how you would like us to proceed if there is an emergency. CPR is the resuscitation of an animal that has stopped breathing or whose heart has stopped.

Animals that survive cardiopulmonary arrest and have been successfully resuscitated (CPR) are EXTREMELY critical and unstable. Survival of respiratory arrest, in which the heart has continued to beat, carries only a slightly better prognosis. The likelihood of re-arrest is high and usually occurs within 4 hours of the initial arrest. **The chances of long term "normal" survival is even less.** I understand that despite the best efforts of the doctors and staff, 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. Management of the post-arrest patient requires vigilant monitoring and the technical expertise of dedicated critical care personnel. The care is costly and the outcome is uncertain.

Please select ONLY ONE of the following by initialing next to your selection:

_____ I DO NOT want CPR performed on my pet. I understand that my pet will die in the event that he/she stops breathing and/or his/her heart stops beating. I have elected to have a DNR (Do Not Resuscitate) order placed on my pet's record.

_____ I wish the staff to perform closed-chest CPR (resuscitation) on my pet if my pet suffers from cardiac or respiratory arrest. I understand that my pet may not respond to CPR and may die despite CPR. I also understand that if my pet responds to CPR it is likely that he/she will arrest again. I acknowledge that the initial cost of CPR is \$200-\$400 and that the necessary aftercare is usually \$2000-\$3000 over the first 24-48 hours after an arrest. I understand that the cost could substantially exceed this estimate. I accept that if the hospital staff is unable to reach me within 30 minutes after initiation of CPR and there appears to be no hope for medical success, they will cease further CPR procedures.

Please Read Carefully and Sign Below

I am the owner or responsible agent for the animal described above and have the authority to execute this consent. I am over 18 years of age. I have had an opportunity to ask any questions I may have had and have indicated my wishes above. Regardless of my pet's survival, I agree to pay the fees associated with performing CPR.

Owner - Print Name

Owner - Signature

Date

Veterinarian Signature

Date