

Canine Directive for Cardiopulmonary Resuscitation

Consent/Decline Directive for Cardiopulmonary Resuscitation and Release of Legal Liability
Keep this with your vet records in the event of an emergency.

NAME OF PET: _____

AGE OF PET: _____ **GENDER:** _____

SPECIAL MARKINGS:

DIRECTIVE OPTIONS:

OPTION A. _____ REQUEST FOR CPR.

Having requested such emergency procedures, I agree to be held responsible for a minimum resuscitation and to pay for the services performed while medical 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 the chosen Veterinarian and 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 further CPR procedures will cease.

I have read the above information and release. I agree to the above terms and release and request Cardiopulmonary Resuscitation (CPR) be performed on my pet.

SIGNATURE

PRINT NAME

DATE

Best Contact Phone Number _____

OPTION B. _____ 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.

SIGNATURE

PRINT NAME

DATE