

EMERGENCY ANIMAL CLINIC

Authorization for Cardiopulmonary Resuscitation (CPR)

Owner's Name: _____ Client #: _____

Pet's Name: _____

Telephone # where owner may be reached: _____

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

9 I authorize ALL resuscitative efforts, including surgery, 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 in the resuscitative efforts. These costs are NOT included in the initial estimate.
Initials: _____

9 I authorize only limited, non-surgical 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 in the resuscitative efforts. These costs are NOT included in the initial estimate.
Initials: _____

9 I request that NO resuscitative efforts be initiated to keep my pet alive. Initials: _____

Notes:

Client signature: _____ Veterinarian: _____

Date: _____