



91 Depot Street
Waynesville NC 28786
t - 828-456-9755
f - 828.452.7878
www.animalhosp.com
facebook.com/AnimalHospitalofWaynesville



Consent for Cardiopulmonary Resuscitation

Client's name _____ Pet's name _____

Should my pet require cardiopulmonary resuscitation (CPR), including cardiac compression, defibrillation, positive pressure respiration, emergency drugs, or other heroic interventions, I request that the doctor(s) at this hospital pursue such medical care as indicated below. Having requested such emergency procedures, I agree to be held responsible for a minimum resuscitation fee of \$400 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 request one of the following CPR services (please initial the appropriate choice):

- _____ 1. Endotracheal intubation, positive pressure respiration, administration of emergency drugs, IV Catheter and Fluids and/or external cardiac massage (~\$400.00)
- _____ 2. I elect **not** to have the staff pursue any CPR procedures for my pet and, instead, request that the attending doctor assist my pet in dying in a peaceful manner.

I accept that if the hospital staff is unable to reach me within **10** minutes after the initiation of CPR procedures, and after exercising reasonable medical judgment, determine that there appears to be virtually no hope for medical success, they will cease further CPR procedures. I understand that despite the best efforts of the doctors and staff at this facility, 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.

Signature of Owner or Authorized Agent

Date