

Client's Name	Patient's Name	
Last time your animal ate (including treat	nts):	
Last time your animal drank:		
Is your pet on any medications?	Yes No	
If yes, what medications are they and	when was the last dose given?	
Name of medication	Dose and time last given	
Consent to perform exam:		
respiratory emergency we will make e medical action. Should my pet identifie compression, positive pressure ventila	naking some difficult decisions in advance. In the event of car every effort to notify you immediately, but also must take imned above require cardiopulmonary resuscitation (CPR), including ation, emergency drugs, or other medically necessary interven and Central Animal Hospital pursue such medical care as indicated	nediate cardiac tions, I
Please initial <b>ONE</b> of the authorizations li	listed below.	
Resuscitation Status:		
I request CPR including artificial ve	entilation and external cardiac assistance (CPR). We will provide yo	u
and after exercising reasonable medical medical success, the staff will cease furth assure a favorable outcome. I understand	have these services performed.  e to reach me within 15 minutes after the initiation of CPR proceduly judgment, determine that there appears to be virtually no hope for CPR procedures. I acknowledge that CPR does not guarantee on that despite the best efforts of the doctors and staff at this facilities restore my pet's life may not allow for my pet to regain his/her nor	r r ty,
I DO NOT WANT CPR. I hereby re attempt will be made to resuscitate the p	equest that in the event my pet's heart and/or breathing should stopet	p, no
I have read and understand this consent for	rm and verify that I am of legal age (18 years or older).	
Signature	 Time	

**VCA Woodland Central Animal Hospital** 

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