

Consent/Decline Directive for Cardiopulmonary Resuscitation and Release of Legal Liability

General Information on CPR

Should, based on the medical judgment of an Animal Diagnostic Veterinarian, my pet named _____ require cardiopulmonary resuscitation (CPR), including cardiac compression, defibrillation, positive pressure respiration, emergency drugs, or other heroic interventions, I **request or decline** that the doctor(s) at the Animal Diagnostic Clinic pursue such medical care as indicated below.

I have been informed by Animal Diagnostic Clinic that less than 5% of animals that require CPR will survive to be discharged from the hospital. I understand that despite the best efforts of the veterinarians and staff at the Animal Diagnostic Clinic, CPR may not save my pet's life. I also understand that 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.

RELEASE OF LEGAL LIABILITY

Regardless if whether I consent or decline to have CPR performed on my pet, in consideration for following my directive, I hereby waive, release and discharge any and all claims for damages, including, but not limited to claims for death, injury or property damage, whether or not resulting from the negligence, gross negligence, misconduct or other acts of Animal Diagnostic Clinic, its veterinarians and staff, that I may have individually or on behalf of my pet, or that may subsequently accrue, as a result of honoring this directive, and I declare that any such veterinarian, staff and the Animal Diagnostic Clinic is acting in accordance with my directions. This is intended to be an advance release of legal liability, even if negligence or other misconduct occurs.

DIRECTIVE OPTIONS: Select A or B:

A. _____ REQUEST FOR CPR.

Having requested such emergency procedures, I agree to be held responsible for a minimum resuscitation fee of \$150.00 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 agree that if the Animal Diagnostic Clinic 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.

Owner's Signature

Date

Best Contact Phone Number

OR

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.

Owner's Signature

Date