

Medical Treatment Consent/Decline Directive

In the unlikely event that your pet will require emergency medical treatment while in our care please read the following directive and choose one of the options below. An emergency may consist of, but not limited to the following: seizure, acute collapse, vomiting, diarrhea, allergic reaction (anaphylaxis), cuts/scratches/punctures (bite wounds with same-family pets housed in same kennel), diabetic emergency, or cardiac arrest (older pets).

If my pet, _____, has a **non-life threatening medical emergency** while in the care of the Animal Hospital of Shawnee Hills please: (please check one)

I do not wish for my pet to be treated for a non-life threatening condition without my consent. Call me before any procedure is performed for verbal consent if my pet is stable and a non-life threatening event has occurred.

If I cannot be reached by phone, please treat my pet as the veterinarian sees fit should a non-life threatening event occur. I understand that additional costs will be incurred.

If my pet has a **life-threatening medical emergency** while in the care of Animal Hospital of Shawnee Hills please: (please check one)

During a life threatening medical emergency, **DO NOT** perform measures to stabilize my pet until I can be reached via phone. I understand that these if my pet does not receive immediate medical attention during a medical emergency, he/she may pass away.

Perform measures to stabilize my pet until I can be reached via phone during a life-threatening medical emergency. I understand that these measures will be at an additional cost to the previous estimate.

In addition, I have been informed that if my pet stops breathing or heart stops beating they will require CPR unless otherwise directed below. I realize that even the most successful CPR may not restore him/her to good mental and physical health. In addition to the limited likelihood of success from CPR treatment, I understand that such care requires that I pay additional fees.

I accept that if the hospital staff is unable to reach me within twenty (20) minutes after the initiation of CPR and after administering reasonable treatment there appears to be virtually no hope for medical success, CPR will be withdrawn. **If my pet requires emergency resuscitation measures (CPR) please do the following: (please check one)**

Level 1: Do not perform CPR on my pet. I decline CPR for my pet.

Level 2: Perform CPR by placing an Endotracheal Tube for positive pressure respiration, administer emergency drugs, place an IV catheter for fluid support and drug administration, external cardiac massage (chest compressions) Fee range \$150-\$300



If my pet has a medical emergency and is stabilized by the staff as indicated above, but requires additional specialty care, please take the following steps for my pet's care: (please check one)

If my pet requires specialty care, and I cannot be reached, please transfer my pet to **OSU main, OSU Dublin or MedVet (please circle one)**. Transport fees will apply along with any medical care provided before transport.

If my pet requires specialty, and I cannot be reached, I do not wish my pet to be transferred to an emergency specialty facility. I decline additional care above and beyond that provided by Animal Hospital of Shawnee Hills.

Release of Legal Liability

Regardless if whether I consent or decline to having medical intervention or CPR performed on my pet, in consideration for the following 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 Hospital of Shawnee Hills, 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 Hospital of Shawnee Hills 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.

I have been informed of the fees to pursue the course of treatment recommended for my pet will be in addition to the original estimate and I agree to pay these additional fees regardless of his/her survival.

I have read the above information and release. I agree to the above terms and have made my choices for medical care on my pet above.

Pet Owner Signature:	Today's Date:
Pet Name:	Breed:
Best Contact Phone Number in the Event of an Emergency:	
Staff Member Witness Signature:	