

Animal Hospital of Shawnee Hills
Consent/Decline Directive for Cardiopulmonary Resuscitation and Release of Legal Liability

In the unlikely event that your pet will require resuscitative measures, please read the following directive and choose one of the options for cardiopulmonary resuscitation (CPR).

I have been informed that during anesthesia, life threatening complications such as respiratory and/or cardiac arrest may occur; requiring CPR. If my pet stops breathing or his/her heart stops beating, I realize even the most successful CPR measures 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. By initialing one of the following choices, I request: **(please check one)**

Level 1: NO CPR procedures are to be administered. DO NOT PERFORM CPR ON MY PET.

Level 2: Endotracheal tube intubation, positive pressure respiration, administration of emergency drugs, external cardiac massage (chest compressions). Fee range to \$150-\$300.

I accept that if hospital staff members are 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CPR and after administering reasonable treatment there appears to be virtually no hope for medical success, CPR will be withdrawn.

I have been informed that 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.

Release of Legal Liability

Regardless of whether I consent or decline to have CPR performed on my pet, in consideration for the following directive, I hereby waive, release and discharge 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 read the above information and release. I agree to the above terms and have made my choice for CPR level on my pet above.

Pet Owner Signature:	Today's Date:
Pet Name:	Breed:
Best Contact Phone Number Today:	
Staff Member Witness Signature:	