

Date: _____

Cherry Knolls Veterinary Clinic CPR or DNR Consent Form

Pet's Name: _____

Owner's Name: _____

Cherry Knolls Veterinary Clinic is committed to providing patients with state-of-the-art care that considers the quality as well as the quantity of a pet's life. For patients experiencing advanced disease, advanced age, multiple disease processes, or a disease considered to be terminal, it's appropriate to decide in advance whether aggressive measures of resuscitation (CPR) will be employed if needed.

DNR means "do not resuscitate". This is a decision that resuscitation (CPR) is not to be performed in the event that the pet stops breathing, has no heartbeat, collapses or becomes unconscious.

Resuscitation (CPR) of a collapsed or unconscious patient is tailored to meet the needs of the individual but may include any or all of the following:

- Establishing an airway via insertion of an endotracheal tube and administration of oxygen or medications through the tube
- Establishing intravenous access via insertion of an intravenous catheter and administration of fluids and injectable medications through the catheter
- Chest compressions
- Intracardiac delivery of injectable medications

Animals that have survived cardiopulmonary arrest and have been successfully resuscitated (CPR) are extremely critical and unstable. Management of the post-arrest patient requires vigilant monitoring and the technical expertise of dedicated critical care personnel. This care is costly and the outcome is uncertain.

I have read and understood the information above or have had it explained to my satisfaction. I understand that the anesthetic, surgical or therapeutic procedures and treatments my pet is undergoing today may involve the risk of complications, injury or even death, from both known and unknown causes and no warranty or guarantee has either been expressed or implied as to the result or cure. Hereby, I expressly agree to release Cherry Knolls Veterinary Clinic, LLC, and its agents and representatives, from liability for any and all damages to my pet and agree to hold CKVC, LLC, its agents and representatives harmless from any liability (except in the case of gross negligence) associated with the procedure and treatments being performed on my pet.

Signature of Owner/Agent

Date

DNR I DO NOT wish the staff to perform CPR on my pet. I understand that if my pet suffers from cardiac arrest, respiratory arrest, collapse or unconsciousness if CPR is not performed, my pet will pass away.

Signature of Owner/Agent

CPR I wish the staff to perform resuscitation (CPR) on my pet if my pet suffers from cardiac arrest, respiratory arrest, collapse or unconsciousness.

_____ I accept that if the hospital staff is unable to reach me within 20 minutes after the initial CPR procedures, and after exercising reasonable medical judgment, determine that there is no hope for success, the staff will cease further CPR procedures. I understand that despite the best effort of the veterinarians and staff at this facility, even the most successful CPR that may restore my pet's life may not allow for my pet to regain his/her normal mental and physical health.

_____ If I request such emergency procedures, I agree to be held responsible for veterinary services provided to my pet while staff members pursue treatment and try to reach me for further directions. Regardless of my pet's recovery or survival, I agree to pay CPR fees in addition to other fees already identified by the practice and agreed upon by me.

Signature of Owner/Agent