



**CPR / DNR
FORM**

Please place
client sticker
here

1) GENERAL STATEMENT:

We here at Laketown Animal Hospital thank you for giving us the opportunity to care for your pet and want you to know that we do not take this responsibility lightly. In the unlikely event your pet suffers respiratory arrest (stops breathing) or cardiac arrest (heart stops beating) while in the care of Laketown Animal Hospital, we are fully prepared to meet such a challenge should it occur and want to be aware of your wishes when caring for your loved one in order to meet both your emotional and financial needs.

2) CARDIOPULMONARY RESUSCITATION (CPR) AUTHORIZATION:

I understand that CPR is tailored to meet the medical needs of the individual patient but may include any or all of the following: establishing an airway via placement of an endotracheal tube and administering oxygen or medications through the tube; establishing intravenous (IV) access via placement of an intravenous catheter and administering fluids and/or injectable medications through the catheter; chest compressions; or intracardiac delivery of injectable medications.

I understand that all costs incurred in the process of resuscitating my pet will be charged to my bill (minimum of \$300 prior to calling me). I understand that the resuscitation process will be started prior to being able to contact me, but that a medical professional will contact me within 15 minutes of starting CPR. I take full financial responsibility for these costs even though death may occur due to the severity of the injury or illness.

I understand that animals that have survived cardiopulmonary or respiratory arrest and have been successfully resuscitated (CPR) are extremely critical and unstable. The likelihood of re-arrest is high and usually occurs within 4 hours of the initial arrest. Management of the post-arrest patient requires vigilant monitoring for at least 24-48 hours by dedicated critical care personnel. This care can be costly and the outcome is uncertain.

I hereby authorize Laketown Animal Hospital to perform CPR (cardiopulmonary resuscitation) when and if a veterinarian deems it necessary for my pet in an attempt to stabilize my pet's condition. Having requested such procedure(s), **I agree to be held responsible for a minimum of \$300 over and above my estimate.** I understand that despite the best efforts of the doctors and staff, there is the chance that my pet may not survive. I understand that even the most successful CPR that restores my pet's life may not allow him/her to regain normal mentation and/or physical health and may leave him/her as an invalid. I am aware that there are risks and complications involved with CPR.

Patient Name: _____ Date _____

Client Name (please print): _____ Signature: _____

Witness: _____ Date _____

3) DO NOT RESUSCITATE (DNR):

I understand that I am declining CPR (cardiopulmonary resuscitation) in the event that it is deemed necessary by a veterinary medical professional for the survival of my pet. I understand that by putting a DNR (Do Not Resuscitate) order on my pet, the medical staff will not perform or give possibly life-saving procedures or medications.

Patient Name: _____ Date: _____

Client Name (please print): _____ Signature: _____

Witness: _____ Date: _____

LAH staff: please scan into chart.

