

## Client Information

**Primary Client Full Name** \_\_\_\_\_

**Primary Phone** \_\_\_\_\_

**Secondary Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**Apt / Unit #** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

## Spouse / Additional Authorized Client (if applicable)

**Full Name** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

## CPR / LIFE-SAVING MEASURES POLICY (IMPORTANT)

**CPR STATUS:** If your pet is in our care and they go into unexpected cardiac or pulmonary arrest, we need to know how you would like us to proceed. While we certainly hope this information is never utilized, as medical providers we want to be prepared to act quickly if a life and death situation does arise for any of our patients. CPR does not have a high rate of success in animals. Statistically about 8% of patients who experience a cardiac or pulmonary arrest respond to CPR. There can be significantly higher success rate if the arrest occurs during sedation or anesthesia. Under each patient you list on the back of this form, please select a care option for your pet if they were to go into cardiac and/or pulmonary arrest while in our care from the following options:

- **Perform CPR:** You are authorizing our team to perform basic life saving measures for your pet if they go into cardiac or pulmonary arrest. You are agreeing to be responsible for up to \$1000 in charges related to CPR and medications related to CPR. You understand that the doctor on duty will determine when to stop CPR if your pet is not responding (this is typically after 10-15 minutes if there is no response).
- **Do NOT Resuscitate (DNR):** You are requesting that we do NOT perform basic life saving measures for your pet if they go into cardiac or pulmonary arrest. You understand this means your pet will not likely survive.

**A CPR option must be selected for EACH patient listed on the back of this form**

**Client Printed Name** \_\_\_\_\_

**Client Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Patient Information**

**Pet Name** \_\_\_\_\_

**Species** \_\_\_\_\_

**Breed** \_\_\_\_\_

**Sex (M/F)** \_\_\_\_\_

**Spayed / Neutered (Y/N)** \_\_\_\_\_

**Age or Estimated DOB** \_\_\_\_\_

**Previous Veterinary Clinic(s)** \_\_\_\_\_

**Important Medical History / Health Concerns**

**CPR STATUS (select one):**

**Perform CPR**

**Do NOT Resuscitate (DNR)**

**Pet Name** \_\_\_\_\_

**Species** \_\_\_\_\_

**Breed** \_\_\_\_\_

**Sex (M/F)** \_\_\_\_\_

**Spayed / Neutered (Y/N)** \_\_\_\_\_

**Age or Estimated DOB** \_\_\_\_\_

**Previous Veterinary Clinic(s)** \_\_\_\_\_

**Important Medical History / Health Concerns**

**CPR STATUS (select one):**

**Perform CPR**

**Do NOT Resuscitate (DNR)**

**Client Printed Name:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_