



**Veterinary Emergency and Specialty
Center of Northern Arizona**

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Cardiopulmonary Resuscitation Form

We here at Veterinary Emergency and Specialty Center of Northern Arizona 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. These events may be quite unexpected; however, 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.

I hereby authorize Veterinary Emergency and Specialty Center of Northern to perform CPR (cardiopulmonary resuscitation) when and if it is deemed 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 \$500 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 despite performing CPR. I understand that even the most successful CPR that restores my pet's life may not allow him/her to regain normal mentation and physical health and may leave him/her as an invalid. I am aware that there are risks and complications involved with CPR.

I understand that all costs incurred in the process of resuscitating my pet will be charged to my bill (minimum of \$500 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.

Pet Name: _____

Owner Name: _____ Signature: _____

Witness: _____ Date _____

Do Not Resuscitate

I understand that I am declining CPR (cardiopulmonary resuscitation) in the event that it is deemed necessary 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 be able to perform or give possibly life-saving procedures or medications.

Pet Name: _____

Owner Name: _____ Signature: _____

Witness: _____ Date _____