

Finn Hill Animal Hospital

AUTHORIZATION FOR TREATMENT IN THE EVENT OF A LIFE-THREATENING EMERGENCY

Prepared _____

Treatment Plan _____

CLIENT INFORMATION

Name: _____

Number: _____

Address: _____

PET INFORMATION

Pet's Name _____

Species _____ Color _____

Male Neutered Female Spayed

Birthdate _____ Age _____ Weight _____

AUTHORIZATION FOR TREATMENT IN THE EVENT OF A LIFE-THREATENING EMERGENCY

In the event my pet experiences a cardiac, respiratory or other life-threatening emergency that requires resuscitative or other urgent care measures, such as cardiopulmonary resuscitation (CPR), positive pressure ventilation, emergency drugs, or other similar measures, I request that the veterinarians and/or trained staff at Finn Hill Animal Hospital pursue such medical care as indicated below.

Please initial ONE of the directives listed below:

Client Initials: **Resuscitate (R):** I authorize emergency treatment if the situation arises (including cardio pulmonary resuscitation (CPR) and other life-saving treatments) and understand this may result in additional charges and I agree to pay for these emergency and life-stabilizing treatments even if they exceed any estimate I may have been provided.

OR

Client Initials: **Do Not Resuscitate (DNR):** I do **NOT** authorize emergency treatment if the situation arises (including cardio pulmonary resuscitation (CPR) and other life-saving treatments) and prefer to be contacted before any additional treatment is performed.

I understand that despite the best efforts of the veterinarians and staff at Finn Hill Animal Hospital, any emergency treatment, including CPR does not guarantee or assure a favorable outcome for my pet.

Phone Numbers where you can be reached today (Note times if applicable)

Home	Work	Mobile	Other
_____	_____	_____	_____

I hereby certify that I am the Owner or Responsible Agent of the patient identified above and that I have read and understand this authorization, including any risks associated with the treatment and care of my animal.

Signature of Owner or Responsible Agent
(Must be 18 years of age or older)

Print Name

Date (MM/DD/YY)

THANK YOU FOR TRUSTING US WITH YOUR PET'S CARE

Finn Hill Animal Hospital

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