

CPR/ DNR Form

Foster Animal Hospital and Paws in Motion Canine Rehabilitation Center 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 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 Foster Animal Hospital and Rehabilitation Center, and its agents and representatives, from liability for any and all damages to my pet and agree to hold FAH, PIM, 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.

DNR _____

CPR _____

Date: _____

Time: _____

Signature:

Print:

(Valid for the term of the Plan or 365 calendar days)