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

Prepared		Treatment Plan				
#		PET INFORMATION  Pet's Name				
		Male	Neutered	Female	Spayed	
		Birthdate	A	ge W	eight	
AUTHORIZ	ZATION FOR TREATMEI	NT IN THE EVENT O	F A LIFE-TH	REATENII	NG	
<b>EMERGEN</b>	CY					
measures, such a	net experiences a cardiac, respiratory or as cardiopulmonary resuscitation (CPR), and/or trained staff at {HOSPITAL NAM	positive pressure ventilation, em	nergency drugs, or o			
Please initial	ONE of the directives listed bel	ow:				
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.  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.					
OR						
Client Initials:						
	t despite the best efforts of the vetering ure a favorable outcome for my pet.	arians and staff at {HOSPITAL NAI	ME}, any emergency	treatment, inclu	uding CPR does not	
Phone Numbers	where you can be reached today (Note	times if applicable)				
Home	Work	Mobile		Other		
	hat I am the Owner or Responsible Ager		and that I have read	d and understand	d this authorization	
	rner or Responsible Agent ars of age or older)	Print Name		 Date	(MM/DD/YY)	

## THANK YOU FOR TRUSTING US WITH YOUR PET'S CARE

