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## Consent/Decline Directive for Cardiopulmonary Resuscitation (CPR)

I understand that the anesthetic, surgical or therapeutic procedures 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.

- \_\_\_\_\_ I elect endotracheal intubation, positive pressure respiration, administration of emergency drugs, and/or external cardiac massage.
- \_\_\_\_\_ I elect **NOT** to have staff pursue any CPR procedures for my pet. Instead, I request that the attending veterinarian assist my pet in humane euthanasia if treatment will only prolong pain and suffering in the veterinarian's medical opinion.

\_\_\_\_\_ If I request such emergency procedures, I agree to be held responsible for veterinary services provided to my pet while staff members pursue treatment and try to reach me for further directions.

\_\_\_\_\_ I accept that if the hospital staff is unable to reach me within 20 minutes after initial CPR procedures, and after exercising reasonable medical judgement, determine that there is no hope for success, the staff will cease further CPR procedures.

\_\_\_\_\_ I understand that despite the best efforts of the doctors and support staff at Shawsheen Animal Hospital less than 5% of animals that require CPR fully recover to leave the hospital.

**I have read and understand my options as outlined above and agree to pay all costs associated with the emergency treatment of my animal.**

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone