

Ruckersville Animal Hospital

8301 Seminole Trail, Ruckersville VA 22968

Phone: (434) 985-7924

CPR Request Form

Owner's Name: _____ Phone Number: _____

Patient Name: _____ Species: _____ Age: _____

Sex (Please Circle): M / F Spayed/Neutered?: Y / N

Your pet has been presented to Ruckersville Animal Hospital for surgery, hospitalization and/or observation.

As determined with the attending veterinarian, we will pursue a treatment course with your agreement.

In the event of cardiopulmonary arrest, we need to know what your wishes are. This level of critical care must be aggressive in order for any chance of success. Most patients who experience cardiopulmonary arrest do not survive, despite our best attempts.

Due to the unpredictable nature of surgical/critical patients, and the significant costs of this level of care, you need to make a choice on this form whether or not you want cardiopulmonary resuscitation (CPR) for your pet. Please check and sign only **ONE** line below.

NO () I DO NOT WANT CPR PERFORMED ON MY PET _____

Owner Signature

YES () I DO WANT CPR PERFORMED ON MY PET, AND UNDERSTAND THAT THE ADDITIONAL COSTS (GENERALLY \$125-350) ARE SUPPLEMENTAL TO THE FEE ESTIMATE PROVIDED, AND THAT NO GUARANTEE CAN BE MADE AS TO THE OUTCOME FOR MY PET.

Owner Signature