



CCAHA Veterinary Services
110 Morview Blvd.
Morgantown, PA 19543
610-286-9065

Life Support Directive - Critical Care Level Form

Date:	Patient's Name:
Owner's Name:	

All patients being treated by Country Companion Animal Hospital (CCAHA) are required to have a Cardiopulmonary Resuscitation (CPR) or Do Not Resuscitate (DNR) code. In all likelihood, you will not need this information, but as is common practice in human medicine, we would like you to think about how you would like us to proceed if there is an emergency. CPR is the resuscitation of an animal that has stopped breathing or whose heart has stopped beating. Animals that survive cardiopulmonary arrest and have been successfully resuscitated (CPR) are **extremely** critical and unstable. The likelihood of re-arrest is HIGH and usually occurs within 4 hours of the initial arrest.

The chances of long term "normal" survival is extremely low and may be as little as 1%.

Management of the post-arrest patient requires vigilant monitoring and the technical expertise of dedicated critical care personnel at a specialty hospital. The care is costly and the outcome is uncertain.

Please select ONLY ONE of the following by initialing next to your selection:

GREEN: I wish the staff to perform closed-chest CPR (resuscitation) on my pet if my pet suffers from cardiac or respiratory arrest. I understand that my pet may not respond to CPR and may die despite CPR. I also understand that if my pet responds to CPR it is likely that he/she will arrest again. I acknowledge that the initial cost of CPR is \$200-\$400 and that for necessary aftercare, I will transfer my pet to a specialty critical care monitoring hospital that could cost thousands more. I understand that the cost could substantially exceed this estimate. I understand payment will be required either during my absence or immediately upon my return. I accept this financial responsibility and agree to pay CCAHA Veterinary Services for all services rendered. I understand that the staff will contact me immediately upon the initiation of CPR and if I am not available will proceed at the discretion and under the direction of the attending veterinarian until I can be reached.

RED: DNR - I DO NOT want CPR performed on my pet. I understand that if my pet suffers from cardiac or respiratory arrest, my pet will die. I have elected to have a DNR (Do Not Resuscitate) order placed on my pet's record. I understand that even in the unlikely event of a bad outcome with my pet, payment will be required for services rendered prior to my pet's arrest. I accept this financial responsibility and agree to pay CCAHA Veterinary Services for all services rendered.

I, the undersigned, am the owner or agent for the owner of the animal described above. I have the full and exclusive authority to execute this consent and I am over 18 years of age. I am aware of the risks and complications associated with my pet's hospital admission. I further understand that unforeseen conditions may arise that may necessitate additional procedures at an additional cost. If life-saving emergency care is required, I authorize CCAHA Veterinary Services doctors, staff, authorized agents, or representatives to provide treatment as I have indicated above. I release CCAHA Veterinary Services from any and all liabilities.

Owner/Agent Signature: _____ **Date:** _____
Owner/Agent Printed Name: _____

CCAHA Staff Only: Staff Initials: _____

CCAHA Staff Initials only:

_____ **Absent Owner Form MUST be filled out and signed if owner is away/unreachable**
 _____ **Treatment Consent form, Boarding Consent Form, OR Repro Consent completed**