



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

Critical Care Level Form - Completed for ALL Admissions

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

Critical Care Level Options - Owner or Agent to choose green or red and initial:

- **CPR**, or cardiopulmonary resuscitation, is the emergency critical care and life-saving treatment of an animal that has stopped breathing (respiratory arrest) and/or whose heart has stopped beating (cardiac arrest) in an effort to revive the patient.
- **DNR** means “do not resuscitate”. This is a decision that CPR is not to be performed in the event that the pet stops breathing or has no heartbeat. If you chose DNR and your pet stops breathing and/or heart stops beating then we will not attempt to revive your pet and your pet will die.

GREEN: Do all that is indicated/necessary to save my pet’s life until I can be reached for a decision. I wish the staff to perform CPR (resuscitation) on my pet if my pet suffers from cardiac or respiratory arrest. My pet may not respond to CPR or may respond initially and then suffer another arrest later. My pet may die despite CPR.

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 unless CPR is performed.

Owner/Agent Initials I understand medical care, stabilization, and subsequent diagnostics can entail considerable financial responsibility.. I understand payment will be required either during my absence or immediately upon my return. I accept this financial responsibility and agree to pay CCAH Veterinary Services for all services rendered.

I, the undersigned, am the owner or agent for the owner of the animal described above, and I have the authority to execute this consent. I give permission to doctors, staff, authorized agents, or representatives of CCAH Veterinary Services to hospitalize, anesthetize, medicate, treat, or perform surgery on my pet. I have been informed that there are risks and complications associated with any surgery, anesthesia, hospitalization, procedure, as well any medications that may be given or dispensed for my pet. I further understand that unforeseen conditions may arise that may necessitate additional procedures at an additional cost. Should life-saving emergency care be required, I authorize CCAH Veterinary Services doctors, staff, authorized agents, or representatives to provide treatment which they deem necessary. I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I understand that if my pet remains hospitalized, there will not be overnight supervision provided. I further understand that it can be very stressful to an animal to be hospitalized and this stress may cause underlying physical conditions to become apparent. This can result in illness or even death. I release CCAH Veterinary Services from any and all liabilities.

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

CCA H Staff Only: Staff Initials: _____

For CCAH Staff only to ensure completeness and staff initials:

_____ Absent Owner Form **MUST** be filled out and signed if owner is out of town/unreachable.

_____ Treatment Consent form, Boarding Consent Form, or Repro Consent Form must be completed pending reason for admission