

VCA Regional Institute for Veterinary Emergencies and Referrals

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Advanced Directive For Resuscitation Orders

I have discussed to my satisfaction the health status of my pet described above with my doctor at VCA RIVER. I understand that if my pet is hospitalized and suffers from an adverse event:

*Please select one:

Client's Initials: _____ **Resuscitate (R):**

I DO 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 in addition to the estimated costs for treatment.

or

Client's Initials: _____ **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 in addition to the estimated cost for treatment listed above.

Being of sound mind, I voluntarily request this order for my pet listed above, and I understand its full import.

Signature of Owner/Agent

Printed Name of Owner/Agent

Date

