



5232 WILSON BLVD.  
ARLINGTON, VA 22205  
TEL: 703-528-2776  
FAX: 703-528-8111

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## **CPR Consent Form**

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Client Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

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.

Should my pet require cardiopulmonary resuscitation (CPR), including cardiac compressions, positive pressure respiration, emergency medications, or other heroic interventions, I request that the doctor(s) at Ballston Animal Hospital conduct/not conduct such medical care as indicated below. 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. Regardless of my pet's recovery or survival, I agree to pay CPR fees in addition to other fees already identified by the practice and agreed upon by me.

### **We will administer CPR treatment unless declined**

**Accept** \_\_\_\_\_  **Decline** \_\_\_\_\_ (please initial the appropriate choice)

I accept that if the hospital staff is unable to reach me within 20 minutes after the initial CPR procedures, and after exercising reasonable medical judgment, determine that there is no hope for success, the staff will cease further CPR procedures. I understand that despite the best effort of the doctors and staff at this facility, even the most successful CPR that may restore my pet's life may not allow for my pet to regain his/her normal mental and physical health and, thus, may leave him/her as an invalid.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_