



Where Cats Rule!!!

Pet's Name: _____
Species: Feline
Sex: _____

Emergency Phone Numbers
Primary: _____
Secondary _____
Emergency Contact _____
Emergency Contact Phone Number _____

CPR Directive (DNR)

In case of cardiac or respiratory arrest, I _____ authorize Hartland Cat Hospital to: _____
(Print Name)

(Please initial choice)

_____ 1) DNR (do not resuscitate) - no intubation, ventilation, CPR

_____ 2) Attempt Full CPR - all life saving measures deemed necessary by the doctor.

Immediate Critical Care Authorization

I understand that if my pet needs immediate stabilizing care, I am authorizing Hartland Cat Hospital to perform any treatments, procedures, and/or surgery deemed necessary in attempt to stabilize my pet.

I understand that I will be notified appropriately when any of the above procedures are carried out in your pet's best medical interest. I understand the minimum fee for urgent stabilizing care is \$750.00-\$850.00. I realize that results cannot be guaranteed.

I further understand I may not be provided with an estimate for immediate, stabilizing care. Any estimate provided reflects average fees. Actual fees may be higher or lower. If the veterinarian performs additional services deemed necessary in the best interest of the patient, I understand that I will be financially responsible for these fees. Additional deposits may be required.

I agree to pay Hartland Cat Hospital in full at the time services are rendered.

I approve immediate critical care if deemed appropriate by the doctor.

I decline emergency care.

This order is effective on the date set forth above and will remain effective until it is revoked by me. Being of sound mind, I fully understand and voluntarily execute this order.

Signature _____ Effective Date: _____