



CPR Orders

Due to my animal's medical condition or physical status, I am being asked to choose whether or not to have the doctors and staff at Mass-RI Veterinary ER perform CPR should my animal arrest. I understand that he/she could, at any time, go into cardiac arrest, respiratory arrest, or both. As an owner, I understand that even in the best of situations, CPR may or may not be successful. For the duration of my pet's hospital stay, I choose the following:

No CPR is to be performed on my animal during its stay. I understand that this means my animal may pass away during his/her hospitalization. _____
(owner initial if chosen)

CPR is to be started on my animal and I am to be called to be informed of his/her status. I will then make the decision whether to continue CPR, desist CPR and allow my pet to pass away naturally, or be humanely euthanized. _____
(owner initial if chosen)

I request **chest compressions, ventilation, and pharmaceutical intervention only**. No open chest CPR is to be performed. _____
(owner initial if chosen)

I request **complete CPR (OPEN CHEST)** to be performed on my animal. This may include any or all of the following: open chest cardiac massage, chest compressions, intubation and ventilation, pharmaceuticals, or anything else the doctor may deem necessary at the time.

This is a choice ONLY for dogs over 20kg (44 lbs) in body weight. _____
(owner initial if chosen)

I understand that significant costs can be associated with any type of resuscitation, and I am responsible for payment, no matter the outcome.

Pet's Name: _____

Owner's Name (print): _____

Owner's Name (signature): _____

Date: _____