

Doggie Designs

281 D.W. Highway, Center Harbor, NH 03226 • 603.279.8777



CRITICAL CARE TREATMENT AUTHORIZATION

Owner Name: _____ Dog Name: _____

If the staff feels that your pet may be in critical condition and may require immediate medical treatment by signing below you are authorizing Doggie Designs to:

I GIVE CONSENT for immediate treatment to attempt to stabilize my pet as well as begin necessary testing. I accept that I will be responsible for all payments to the appropriate veterinarian/emergency vet directly. Payment is required at time of service.

While in the immediate care of Doggie Designs/veterinarian, should my pet's heart or respirations (breathing) stop, I want the veterinarian employees to (select one):

- a. Perform CPR, in an attempt to resuscitate my pet, including administration of life saving medications, chest compressions and manual breathing (CPR). _____ (initials)

- b. DO NOT perform CPR—therefore DO NOT RESUSCITATE (DNR), and speak to me first. _____(initials)

Signature: _____ Date: _____

I DO NOT GIVE CONSENT for treatment and wish to speak to a doctor first, even though the delay in treatment may be detrimental to the health of my pet. I will not hold Doggie Designs/veterinarian or its staff responsible for any adverse outcome that this delay might cause.

Signature: _____ Date: _____