



# Drop Off Appointment Consent Form

Client's Name \_\_\_\_\_ Patient's Name \_\_\_\_\_

Last time your animal ate (including treats): \_\_\_\_\_

Last time your animal drank: \_\_\_\_\_

Is your pet on any medications?            Yes            No

**If yes, what medications are they and when was the last dose given?**

Name of medication	Dose and time last given
_____	_____
_____	_____

**Consent to perform exam:**

Please help us to help your pet by making some difficult decisions in advance. In the event of cardiac or respiratory emergency we will make every effort to notify you immediately, but also must take immediate medical action. Should my pet identified above require cardiopulmonary resuscitation (CPR), including cardiac compression, positive pressure ventilation, emergency drugs, or other medically necessary interventions, I request that the doctor(s) at VCA Preston Park Animal Hospital pursue such medical care as indicated below.

Please initial **ONE** of the authorizations listed below.

**Resuscitation Status:**

I request CPR including artificial ventilation and external cardiac assistance (CPR). I am aware of the associated fees to have these services performed.

I accept that if the hospital staff is unable to reach me within 15 minutes after the initiation of CPR procedures, and after exercising reasonable medical judgment, determine that there appears to be virtually no hope for medical success, the staff will cease further CPR procedures. I acknowledge that CPR does not guarantee or assure a favorable outcome. I understand that despite the best efforts 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.

**I DO NOT WANT CPR.** I hereby request that in the event my pet's heart and/or breathing should stop, no attempt will be made to resuscitate the pet

***I have read and understand this consent form and verify that I am of legal age (18 years or older).***

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**VCA Preston Park Animal Hospital**

18770 Preston Road • Dallas, Texas 75252 • 972-985-0081 • [vcaprestonpark@vca.com](mailto:vcaprestonpark@vca.com)



**AT VCA ANIMAL HOSPITALS, WE CARE**