

ADVANCE MEDICAL DIRECTIVE

Print Pet's Name _____ Print Owner's Name _____

Should my pet become critically ill, and I am not available for consultation, please follow my wishes as listed below:

- 1). Should the above pet require cardiopulmonary resuscitation (CPR), including cardiac compression, positive pressure respiration, emergency drugs, or other heroic interventions, I request that the doctor(s) of Old Dominion Animal Health Center pursue all measures available in an effort to save the life of my pet.

I understand that the first hour of critical /emergency care could be approximately \$2,200 and depending on response of the pet, each additional hour could incur fees of \$800 to \$1,200.

If, in the opinion of the veterinarians, my pet's condition becomes such that there is no reasonable expectation that my pet will recover, my pet's condition is irreversible, and my pet is suffering, then I authorize the veterinarians of Old Dominion Animal Health Center to euthanize my pet.

Signature _____

Date _____

- 2). I elect **NOT** to have the staff pursue any CPR procedures for my pet, and instead, request that the attending veterinarian assist my pet in dying a peaceful death, to include euthanasia if necessary.

Signature _____

Date _____