

DNR (Do Not Resuscitate) Form

Owner: _____

Pet's Name: _____

Phone: _____

Ralston Vet's healthcare team provides superior pet health care and caring attention to every family member every time. We strive to perform at our best and demonstrate an AAHA standard care of excellent veterinary practice. For any reason your pet is in an emergency state and cardiopulmonary resuscitation (CPR) is needed, we will perform the best medical care to revive your pet.

Based on your pet's health and or quality of life, we understand and want to honor any wishes you have for your pet. If you do not wish Ralston Vet to resuscitate your pet, please sign below. We want to honor your wishes and make your pet's transition a peaceful one. This order does not affect comfort and other medically indicated care.

Owner's signature: _____ Date: _____

Owner's signature: _____ Date: _____

Ralston Vet has documented this consent which will be kept in your pet's record. If there are two names on the account, both parties should sign.