



Mid-Valley Veterinary Hospital
4422 County Road N
Orland, CA 95963
United States
(530) 865-5634

Sedation Form

CPR/DNR

In the event that Meeting should experience cardiac or respiratory arrest while boarding, do you give consent for resuscitative efforts to be initiated until you can be contacted further and notified of Meeting's status?

By consenting to this service, you are also acknowledging that certain charges will apply. If you are not able to be contacted immediately, resuscitation efforts will be continued to be performed at the doctor's discretion.

() I agree to CPR being performed in case of arrest and agree to any financial obligations as a result of CPR being performed regardless of outcome.

() I elect a "**Do Not Resuscitate**" status in case of arrest.

OWNER RELEASE AND CONSENT

MVVH Orland, Inc., doing business as Mid-Valley Veterinary Hospital, will use all reasonable precautions against injury, escape, or death of your pet. I understand that sedation always involves some risk to your pet and agree to hold Mid-Valley Veterinary Hospital harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the below listed phone number, Mid-Valley Veterinary Hospital is directed to make the decision(s) it deems best for my pet. I have read the foregoing, understand what it says, and agree.

I ACKNOWLEDGE THAT PAYMENT IS DUE AT TIME OF DISCHARGE

SIGNATURE:

DATE:

(owner/agent)