



Medical Release Letter

To Whom It May Concern:

While we are gone between the dates of _____ and _____, our pet(s) will be in the care of:

Name: _____

Phone Number: _____

Emergency phone number for our family while we are gone: _____

We will be unreachable during these dates: _____

If problems arise and my pet(s) need veterinary care while I am away, I would like to give the doctors my full permission to run tests, take x-rays or give anesthetic with its inherent risk. I understand that I am responsible to pay any charges incurred for care, in full, upon my return.

Please do not allow the charges to exceed \$_____ without my consent.

Authorization for Treatment in the event of Cardiopulmonary Arrest

Please select one and initial

___ DNR – Do Not Resuscitate. No resuscitative effort will be performed.

___ Basic CPR – Medical resuscitative efforts include airway support, chest compressions and drug therapy if indicated. Additional cost may be incurred, ranging from \$200-500. PLEASE BE AWARE: This is our hospital default option that will be used on all pets unless otherwise stated.

Sincerely,

Print Name:

Signature:

Date:

Sarah Buck, DVM
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