West Chester Veterinary Care

General Instructions for Care in Owner's Absence

Client Name: _____

Pet Name: _____

We at West Chester Veterinary Care prioritize the comfort and health of our boarding patients. We will not allow a pet in our care to suffer or be uncomfortable.

- We will make every reasonable attempt to contact you should your pet become ill or injured during his/her stay. It is imperative that you provide accurate contact numbers.
- Any decisions you make while on the phone with a staff member will supersede your written directives.
- If we are unable to reach you, we will attempt to reach the emergency contact you left us...please discuss your wishes with them so they are prepared to make decisions.
- If we are unable to reach your emergency contact, we will provide basic treatment necessary to keep your pet comfortable.

In the event that my pet should become seriously ill while boarding, I authorize the following (choose all that apply)

____ Transfer of my pet to the Care Center for after-hours care with return to West Chester Veterinary Care for day treatment.

____ Transfer of my pet to a specialty practice if recommended.

____ Humane Euthanasia of my pet if he/she is suffering unduly.

** if I will be unable to be reached during my pet's stay, I understand that I must leave a credit card number if I am requesting transfer of my pet

Resuscitation efforts should my pet go into cardiac or respiratory arrest: (please check one)

__Code 0: No resuscitation "DNR"

- __Code 1: Basic CPR (heart compressions, forced respiration, oxygen, medications, IV catheter, IV fluids (approximately \$500-\$800)
- __Code 2: Advanced CPR (Code 1 plus open-heart massage- approximately \$800 to \$2300)

Date:

Signature: _____