

Medical Treatment Consent Form

Thank you for choosing Ambassador Animal Hospital to care for your pet in your absence. We are committed to treating your pet like family. If your pet has a medical emergency* while in our care, we will make every effort to reach you by telephone. In the event that you are unable to be reached, please help us by filling out the form below so that we may know the actions you wish us to take.

The South Carolina Veterinary Specialists and Emergency Care center (SCVSEC) is a 24 hour emergency hospital staffed with veterinarians specializing in cardiology, oncology, and internal medicine. We frequently refer our patients to them for specific issues and when overnight hospitalization is needed. They are located at 3924 Fernandina Road and can be reached at 803-561-0015.

Select one.

A. _____ If my pet requires emergency care, I would like the veterinarians to provide medical treatment as they see fit (including, but not limited to, x-rays, bloodwork, IV catheter/fluids, and medications) AND for my pet to be transferred to the South Carolina Veterinary Specialists and Emergency Care (SCVSEC) center if the veterinarians deem it necessary. I understand that fees for services would come from both Ambassador Animal Hospital and SCVSEC.

B. _____ If my pet requires emergency care, I would like the veterinarians to provide medical treatment as they see fit (including, but not limited to, x-rays, bloodwork, IV catheter/fluids, and medications) but I DO NOT wish for my pet to be transferred to the South Carolina Specialists and Emergency Care center. I understand that fees for services would come from Ambassador Animal Hospital. I also understand that my pet would be unattended during hours that Ambassador is closed.

C. _____ If my pet requires emergency care, I DO NOT WISH for my pet to receive extensive medical treatment. I wish that my pet only receive the treatment and medications necessary to make him/her comfortable.

CPR- I have been informed that if my pet stops breathing or their heart stops beating they will require CPR unless otherwise directed below. I realize that even the most successful CPR may not restore him/her to good mental and physical health. In addition to the limited likelihood of success from CPR treatment, I understand that such care requires that I pay additional fees.

I accept that if the hospital staff is unable to reach me within twenty minutes after the initiation of CPR and after administering reasonable treatment there appears to be virtually no hope for medical success, CPR will be withdrawn. **If my pet requires emergency resuscitation (CPR), please do the following:**

A. _____ Do not perform CPR on my pet. I decline CPR for my pet.

B. _____ Perform CPR by placing an endotracheal tube for positive pressure respiration, administer emergency drugs, place an IV catheter for fluid support and drug administration, and external cardiac massage (chest compressions).

*An emergency may consist of, but is not limited to, vomiting, diarrhea, seizure, wounds, acute collapse, diabetic emergency, and cardiac arrest.

Release of Legal Liability- Regardless of whether I consent or decline to have CPR performed on my pet, I hereby waive, release, and discharge any and all claims for damages upon the death or injury of my pet. I acknowledge that any actions taken are a direct result of this directive and that the veterinarians and staff at Ambassador Animal Hospital are acting in accordance with those directions.

I have read the above information and release. I agree to the above terms and have made my choices for medical care for my pet.

Best Contact Number

Secondary Phone Number

Owner's Signature

Date

Pet's Name _____