

Cat Care of Fayette

Hospital • Grooming • Boarding

Catering to Felines & Furry Exotics

Owner Name _____ Pet Name _____

I hereby authorize Dr. Stearns and the staff of Cat Care of Fayette to perform advanced life saving measures in the case of respiratory and/or cardiac failure. I understand that even though these measures are taken, Dr. Stearns and the staff of Cat Care of Fayette may not be able to successfully resuscitate my pet.

I also understand that I am responsible for the incurred costs for the advanced life saving measures. In the event that my pet needs advanced life saving measures, Cat Care of Fayette will make every attempt to contact me for authorization of further treatment once my pet is stabilized.

I understand that my expressed wishes on this form will be considered a standing request while I am a client of Cat Care of Fayette. If at any time I desire to change my wishes, I will do so in person by signing the appropriate forms before any standard treatments are rendered.

**I DO AUTHORIZE
Resuscitation**

**I DO NOT AUTHORIZE
Resuscitation**

Owner/Agent Signature

Date