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Advanced Directives for Medical Care in Owners Absence

I understand that if my pet is suffering from a critical injury, illness or disease that carries a guarded to poor prognosis where resuscitative efforts or humane euthanasia may become necessary. Should, based on the medical judgment of veterinary staff, my pet's medical condition deteriorate and I cannot be reached to make timely decisions regarding his or her care, I request that the Mission: Cats pursue such medical care as indicated below.

Cardiopulmonary Resuscitation (Please Choose One)

_____ *REQUEST FOR CPR.* I direct that, if required, cardiopulmonary resuscitation be performed on my pet, which means all medically reasonable attempts will be made to resuscitate my pet. I understand that the survival rate of animals requiring CPR is poor (less than 10%). I further understand that veterinarians are not on the premises at Mission: Cats and that, regardless of this election, CPR is not possible after hours (7pm to 8am) during these hours. The cost estimate for CPR by a vet is \$800-\$1000.

_____ *DECLINE CPR.* I direct that no attempt to resuscitate my pet be made, which means withdrawing all life sustaining procedures, methods and devices, including cardiopulmonary resuscitation, respiratory support, injectable medications, and artificially administered feeding and fluids.

Humane Euthanasia (Please Choose One)

_____ *REQUEST FOR HUMANE EUTHANASIA.* In the case of sudden deterioration of the health of my pet such that he or she appears to be experiencing pain or suffering that cannot be ameliorated with medications or supportive care, I direct that my pet be humanely euthanized to prevent such further pain or suffering. The cost estimate for humane euthanasia is typically under \$200.

_____ *DECLINE HUMANE EUTHANASIA.* I direct that humane euthanasia not be performed on my pet without my prior consent, even in instances of extreme pain or suffering.

Liability Release

In consideration for following my wishes, I hereby forever release Mission: Cats, its staff and authorized representatives from any and all liability and claims for damages, including claims for death, injury or property damage, whether or not resulting from negligence or misconduct attributable to such parties, that I may have

or that may subsequently accrue to me, as a result of honoring this directive, and I declare that such parties are acting in accordance with my directions. I further agree to indemnify such parties for any third-party claims that I am not authorized to act on the animal or owner's behalf.

I certify that I am the legal owner or the duly authorized agent for the owner of the pet identified above. I understand that my wishes may be carried out immediately upon my signing this agreement. Applicable fees have been explained to me, and I assume full responsibility for all charges applicable to these services. I have carefully read and fully understand the foregoing provisions.

We will make every reasonable attempt to contact you should your cat become ill or injured during their stay at Mission: Cats.

Any decision you make while on the phone shall supersede your written directives.

If we are unable to reach you, we will attempt to reach your emergency contact. Please discuss with them your wishes so they can be prepared to make decisions on your behalf.

Signature: _____

Date: _____