



# Northeast Veterinary Hospital

120 Pet Care Ct, Cornelia, GA

Ph: (706)778-1900/Fax: (866)828-4178/faxnevh@gmail.com



## **EMERGENCY CONTACT/PET HEALTHCARE PROXY INFORMATION**

Please list the best number(s) to reach you in the event of an emergency:

1) \_\_\_\_\_ 2) \_\_\_\_\_

In the event, we cannot reach you, list the name and contact information of a healthcare proxy for your pet that has your permission to make medical and financial decisions for you in your absence (optional but recommended):

Name: \_\_\_\_\_ Contact number \_\_\_\_\_

***In the event that your pet suffers a life-threatening emergency or complication and we are unable to reach you or your pet's healthcare proxy please select how you wish the hospital staff to procede. You MUST initial ONE of the boxes below:***

- Proceede with any treatments and diagnostics deemed appropriate to give my pet(s) the best chance of recovery/survival. I accept full responsibility for any additional fees associated with the care of my pet(s) regardless of the cost.
- Proceede only with basic life-saving measures. I accept full responsibility for any additional fees associated with stabilizing my pet limited to a budget of \$500. Once hospitalization fees exceed this budget, I decline any further medical/surgical intervention until I am contacted, even if it puts my pet's life at risk.
- Do not do anything until I am contacted - delaying intervention may put my pet's life at risk.
- Do not resuscitate - in the event of an emergency, I decline any medical/surgical intervention and wish for my pet to pass naturally.

**I have read and fully understand the agreement and directives above. I acknowledge that I will accept full responsibility for any medical or surgical costs that are agreed to by my elected healthcare proxy:**

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_