



Hospice Care Consent Form

Owner's/Agent's Name: _____ Date: _____

Address: _____ City/State: _____ Zip: _____

Main Phone: _____ Additional: _____

Email Address: _____

Companion Animal's Name: _____ Dog ___ Cat ___ Other _____

Breed: _____ Color: _____ Age: _____ Weight: _____

Sex: ___ M ___ F ___ Spayed/Neutered: Y or N

If applicable, please provide the name of the veterinary clinic/hospital that referred you to us:

Veterinary Clinic/Hospital Name: _____ Phone: _____

Have any other veterinarians seen your companion animal within the last 3 years? Y or N

Veterinary Clinic/Hospital Name: _____ Phone: _____

Authorization for Hospice Care Treatment

I certify I am the legal owner/authorized agent for the owner of the companion animal described above and give _____ Paws Into Grace, and any authorized agents, staff, or representatives full and complete authority to examine, prescribe for and/or treat ("hospice care") the above-described companion animal. I agree _____ Paws Into Grace, and any authorized agents, staff, or representatives shall not be liable for any direct, indirect, or consequential damages resulting from such hospice care.

I understand hospice care is focused on preserving quality of life for as long as possible and is NOT focused on curing medical conditions or providing routine veterinary care, surgical care and/or emergency treatment/transport. _____ Paws Into Grace has informed me if additional diagnostics, procedures and/or more aggressive hospice care are recommended for my companion animal at this time, and I have (check one):

_____ Declined additional diagnostics, procedures and/or more aggressive hospice care.

OR

_____ Accepted the recommendation(s), and _____ Paws Into Grace has made necessary referrals.

I assume full responsibility for the actions of the companion animal described above and all charges incurred during his/her hospice care. I also understand all professional fees are due at the time hospice care rendered.

I have carefully read and fully understand the above provisions.

Owner/Agent Signature

Veterinarian Signature