

Pets at Peace

HOSPICE CARE CONSENT FORM

Owner's/Agent's Name _____ Date _____

Address _____ City/State _____ Zip _____

Home Phone _____ Additional Phone _____

Email Address _____

Companion Animals Name _____ Species: Dog Cat Other _____

Breed _____ Color _____ Age _____ Weight _____

Sex: M F Spayed/Neutered

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

Veterinary Clinic/Hospital Name _____ Veterinarian _____

Have any other veterinarians seen your companion animal within the last 3 years? _____

Veterinary Clinic/Hospital Name _____

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 Fran-Mak Enterprises LLC, d/b/a Pets at Peace 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 Fran-Mak Enterprises LLC, d/b/a Pets at Peace 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. I have been informed if additional diagnostics, procedures and/or more aggressive hospice care is 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 give consent for the necessary referrals to be made.

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 (circle one)

Date