Hospice Care Consent Form

Owner's/Agent's Name_____Date_____
Address_____Phone_____
City/State_____ Zip_____Email_____
Pet's Name_____Species ☐ Dog ☐ Cat ☐ Other_____
Breed_____ Color_____ Age_____ Weight_____ lbs Sex ☐ M ☐ F ☐ Spayed/Neutered

Please Provide the Name of the Veterinary Clinic/Hospital That Referred You to Us

Clinic Name _____ Veterinarian _____
Has your pet been treated by another care provider in the past three years? ☐ Yes ☐ No
If yes, Clinic Name _____ Veterinarian _____

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 EverLoved Veterinary, 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 hereby forever release and hold harmless Dr. Lydia Sullivan, EverLoved Veterinary, and any authorized agents, staff, or representatives from any direct, indirect, or consequential damages resulting from such hospice care. _____**(initial)**

I understand hospice care is solely focused on preserving quality of life for as long as possible and is NOT focused in any way on extending life, curing medical conditions, or providing routine veterinary care, surgical care, and/or emergency treatment/transport. I further understand medications prescribed/administered and/or treatments performed/recommended are provided solely for comfort and/or relief of pain, and in some instances may worsen preexisting conditions or have potentially life-limiting adverse effects. It is understood bloodwork is always recommended prior to starting new medications, but is not required during hospice care. _____**(initial)**

I understand if hospitalization, diagnostics, or special services not provided by hospice are needed, I must make arrangements for these services. EverLoved Veterinary, Dr. Lydia Sullivan, and any authorized agents, staff, or representatives shall in no way be responsible for failure to provide the same and is hereby released from any liability arising from the fact that I am not provided with such additional care. _____**(initial)**

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 is rendered. _____**(initial)**

Owner/Agent's (circle one) Signature _____Date _____