Hospice Care Consent Form

Owner's/Agent's Name____ Date_____________

Address__________________________________ City/State______________________ Zip___________

Home Phone__________________________ Additional Phone_________________________________

Email Address____

Pet's Name_________________________________ Species: ☐ Dog ☐ Cat ☐ Other______________

Breed____________________________ Color_____________ Age__________ Weight_____________

Sex: ☐ M ☐ F ☐ Spayed/Neutered

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 pet within the last 3 years?

Veterinary Clinic/Hospital Name ____________________________________ Phone_________________

Authorization for Hospice Care Treatment

I certify that I am the legal owner/duly authorized agent for the owner of the animal described above and do hereby give Dr. Carmack, Hampton Roads Veterinary Hospice PLLC, and any authorized agents, staff, or representatives full and complete authority to examine, prescribe for, or treat the above-described pet. I agree that Dr. Carmack, Hampton Roads Veterinary Hospice PLLC, and any authorized agents, staff, or representatives shall not be liable for any direct, indirect or consequential damages resulting from such care.

I understand that 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 or emergency treatment/transport. I have been advised that if additional diagnostics, procedures, or more aggressive care is recommended for my pet that I will be referred to my primary care veterinarian, an emergency hospital, or a specialty care hospital.

I assume full responsibility for the actions of the animal described above and all charges incurred in its care. I also understand that all professional fees are due at the time services are rendered.

I have carefully read and fully understand the above stated provisions.

____ ____________________

Owner/Agent Signature (circle one) Date

Hampton Roads Veterinary Hospice & In-Home Euthanasia
Phone: 757-474-5968 Fax: 757-961-0695
www.hrvethospice.com hrvethospice@gmail.com