



Respite Care/Petsitting Authorization Form

Owner's Name _____ Date _____
Address _____ City/State _____ Zip _____
Pet's Name _____ Species: Dog Cat Other _____
Breed _____ Color _____ Age _____ Weight _____
Dates of absence: _____

During your absence, who should we contact?

Primary Contact (daily report cards, questions, and 1st contact in case of emergency):

Name: _____ Phone: _____ Email: _____

Secondary Contact (2nd contact in case of emergency):

Name: _____ Phone: _____ Email: _____

Emergency Contact:

Name: _____ Phone: _____ Email: _____

Advanced Medical Directive

I, the owner of the above-named pet(s), request that the Hampton Road Veterinary Hospice caretaker feed, exercise, and provide routine care for my pet while I am away from home per my oral or written instructions. I understand that my pet is in hospice care and their medical condition could change at any time. I understand that Hampton Roads Veterinary Hospice will first attempt to contact me via the contact information provided above. If they are unable to contact me, I authorize the pet sitter to act as my agent in procuring veterinary care with Hampton Roads Veterinary Hospice, with fees not to exceed \$ _____. I agree to pay the fees for such professional veterinary services as soon as possible after I return and, in the absence of gross negligence, will not hold the pet sitter liable for injuries or illnesses suffered by my pet(s) or any fees for veterinary services incurred on their behalf.

I hereby authorize the pet sitter named above to seek veterinary services from the facility listed below in order to provide essential emergency medical or surgical services without my consent.

I do _____ **I do not** _____ (initial one) authorize intensive medical care efforts for my pet.

The emergency veterinary practice of my choice is: _____

In the event the attending Hampton Roads Veterinary Hospice veterinarian determines that my pet is suffering and/or is incurably injured, I **give my consent** _____ **do not give my consent** _____ (initial one) for euthanasia.

If my pet should die or is euthanized, I request that my pet's body be (initial one) and I agree to pay the fees for such services:

- **respectfully held for me until I return** _____
- **individually cremated w/ashes returned to myself** _____
- **communally cremated (no ashes returned)** _____

Owner Signature: _____ Date: _____