



Consultation

Consent

Pet's Name _____ Species _____ Gender _____

Breed _____ Condition _____

Age _____

Client's name _____

I, _____ the undersigned owner, or authorized agent of the owner, hereby consent to the examination of this pet by Dr. Melanie Cohen of Angel Pets. I understand that veterinary hospice care is not geared toward curing a patient's disease but rather is focused on keeping the disease or any other physical disabilities from causing the patient discomfort. I also understand that veterinary hospice strives to give animals a safe and comfortable end-of-life experience and may therefore prescribe medications or treatments that are limited to comfort and pain management only, even if they shorten my pet's life. I understand that unless other arrangements are made with my regular veterinarian, veterinary hospice care will end with the natural passing or peaceful humane euthanasia of my pet.

I understand that an estimate of the costs for veterinary services will be provided to me and that I am encouraged to discuss all fees before services are rendered and during this pet's ongoing hospice treatment.

I understand that veterinary care during the night time hours and/or weekends is provided at the discretion of the attending veterinarian.

Signature of Owner or Authorized Agent

Date

Address:

Phone: _____



Regular DVM: _____

