Caring Comfort Pet Services

"For the comfort of your pets and your peace of mind"

Advanced Directive

Please note: Caring Comfort Pet Services, LLC is not responsible for any fees for veterinary services provided for your pet(s). Unless you have other arrangements with your veterinarian, payment is due for services at the time they are rendered and no matter the outcome.

MEDICAL EMERGENCIES

◯ Authorization to make decisions for pet care on file with DVM?

◯ Credit card on file with Veterinarian?

◯ Credit Card in a designated location for emergencies?_____

◯ Have hospital contact me for payment of veterinary services rendered.

ADVANCED DIRECTIVE

In the event of cardiac, respiratory, or other life-threatening distress of my pet, I authorize the following:

◯ CPR: this can include tracheal intubation, injections of cardio-pulmonary stimulating medications, supportive oxygen, chest compressions, and other life saving measures.

◯ DNR: If my pet suffers life ending systems distress (respiratory, cardiopulmonary, uncontrolled seizure, bodily or systemic trauma) I do not wish for heroic attempts to resuscitate my pet.

IN CASE OF UNPLANNED DEATH

◯ Notify me immediately ◯ Notify me when I return

AFTERCARE OF REMAINS

In the event of the death of my pet while I am unavailable, I authorize the following:

◯ Take my pet to their veterinarian office for aftercare with their aftercare service provider

◯ Contact [specific aftercare service] for the care of my pet's remains

◯ Cremation of my pet with their ashes returned to me

◯ Cremation of my pet ***without*** their ashes returned to me

◯ Hold my pet's remains for burial upon my return at their veterinarian office

◯ Hold my pet's remains at their veterinarian for my decision upon my return

My signature is confirmation of agreement to the terms of this form and that it reflects my final wishes for my pet: _____Date: _____

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