

## Pet Owner's Advance Directives

In the event that my pet(s) become sick or injured and need veterinary care while in the care of House Calls, Inc. Pet & Home Services:

### Financial Considerations:

\_\_\_ Please do not exceed \$\_\_\_\_\_ in the treatment of my pet(s) without first getting my approval.

\_\_\_ Please use any means necessary to treat my pet(s). I accept full financial responsibility for all veterinary treatment.

### My wishes if my pet is injured or sick beyond all hope of recovery:

\_\_\_ That my pet is to be humanely euthanized.

\_\_\_ Do not euthanize pet(s) without contacting me first.

### Final wishes in the event that my pet passes away:

I would like House Calls (or my veterinarian) to contact me while I am away in the event that pet passes away. \_\_\_ Yes \_\_\_ No

\_\_\_ I want to bury my pet. Please keep at my veterinarian's office until I can pick the pet up.

\_\_\_ I want my pet cremated. Please ask my veterinarian to recommend a cremation company.

\_\_\_ Please have my veterinarian dispose of my pet's body in a respectful manner.

### Special Instructions:

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Client signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Client's cell phone #: \_\_\_\_\_

Client's Emergency #: \_\_\_\_\_

Friend/Family member's name & Contact #:

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