



K9+ Pet Services, LLC

Veterinary Care Instructions

To the veterinarians at _____

In my absence, I give total responsibility for the care of my pets (name below):

1. _____

2. _____

3. _____

4. _____

To: Name: _____

Address: _____

Contact numbers: _____

When I cannot be contacted immediately, this person will make all decisions regarding necessary treatment in the event of a medical emergency.

I wish no more than \$_____ to be spent on any one pet. I do not want treatment to proceed if there will be permanent disabilities such as:

(consider head injuries, loss of bowel or bladder control, loss of a limb, blindness, etc.)

If any of my pets are diagnosed with a terminal condition and their quality of life is impaired, this caregiver has full authority to request euthanasia.

If any of my pets dies suddenly, I Do | Do not (circle one) want a post-mortem performed to determine the cause of death.

In the event of a death, it is my wish:

____ To have a communal cremation done.

____ To have a private cremation done.

____ Other: Please Specify _____

Signed: _____

Date: _____

Name: _____

Address: _____

Contact Numbers: _____