

# Health Care Directive

Separate Form for each Dog

Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dogs Name: \_\_\_\_\_ Breed/Mix: \_\_\_\_\_ D.O.B \_\_\_\_\_

Veterinary Hospital: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Microchip #: \_\_\_\_\_

---

## Health Insurance

Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Phone #: \_\_\_\_\_

---

## Medical Care Directive

I chose **not to limit** veterinarian care for my dog. While my dog is in the care of A Dog Spot, LLC my veterinarian or alternative veterinarian has my authorization to perform all necessary tests, procedures (to include surgery) and treatments that they deem necessary to diagnose and treat my dog listed above. I authorize immediate treatment with or without having made contact with me or my designated emergency contact and with **no limit to cost** of services provided. I assume full financial responsibility for all expenses incurred in the treatment of my dog. \_\_\_\_\_(Initials)

I chose to **limit** veterinarian care for my dog. While my dog is in the care of A Dog Spot, LLC my veterinarian or alternative veterinarian will have the right to perform all medical or surgical treatments that they deem necessary to diagnose or treat my pet. Treatment should begin promptly with or without having made contact with me or my designated emergency contact. Treatment cost/services provided are not to exceed the total amount of \$ \_\_\_\_\_. I assume full financial responsibility for these expenses. \_\_\_\_\_(Initials)

I direct that **life-prolonging measures be withheld** from my dog and that my dog be permitted to die naturally. I consent only to the administration of medication and/or medical procedures deemed necessary to alleviate pain and discomfort. I assume full financial responsibility for any expenses. \_\_\_\_\_(Initials)

## Upon Death

- My dog's remains should be held at A Dog Spot until my return.
- My dog's remains should be held at my designated veterinarian or attending veterinarian at time of death.
- Other: \_\_\_\_\_

---

-----

Please share any other thought you would like concerning a medical emergency:

I have thoroughly read and selected the above Health Care Directive appropriate for my dog. This form will stay on file with A Dog Spot and will apply to any and all future visits for my dog (Unless a new form is requested and filled out)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_