



Health Care Directive

Separate form required for each pet

Last Name _____ First Name _____ Pet Name _____

Veterinary Hospital _____ Doctor _____

Phone _____

Medical Care Directive

- I chose not to limit** veterinarian care for my pet. While my pet is in the care of Soos Creek Kennels my veterinarian or alternative veterinarian has my authorization to perform all necessary test, procedures(to include surgery) and treatments that they deem necessary to diagnose and treat my pet 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 pet. _____ (Initials)
- I chose to limit** veterinarian care for my pet. While my pet is in the care of Soos Creek Kennels my veterinarian or alternative veterinarian will have the right to perform all medical or surgical treatments that he/she deems necessary to diagnose or treat my pet. Treatment should begin promptly with or without immediate contact from 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)

DNR Directive

- I direct that life-prolonging measures be withheld from my pet and that my pet be permitted to die naturally. I consent only to the administration of medication and/or performance of any medical procedures deemed necessary to alleviate pain and discomfort. This could mean that I or my designated emergency contact **may not** be present to comfort my pet in his/her passing. (Please make sure a DNR form has been completed and is on file with your veterinarian.) _____ (Initials)

Burial Directive

- My pet's remains should/will be completely handled by my veterinarian and I have pre-arranged all appropriate services.
- I authorize the release of my pet's remains to any of my designated emergency contacts who will arrange all appropriate services.
- I authorize the release of my pet's remains to the following person (s):

Name _____ (Initials)

Phone # (home) _____ (cell) _____ (work) _____

Address _____ City _____ State _____ Zip _____

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

Signature _____ Date _____

Soos Creek Kennels Employee accepting this form _____