

Consent & Authorization Form

Client Information

Full Name: _____

Phone Number: _____

Email Address: _____

Pet Information

Pet Name: _____

Species/Breed: _____

Age: ____ Weight: ____

Veterinarian / Clinic Name: _____

1. Hospice Care Acknowledgment

I understand that pet hospice care is comfort-focused and does not replace veterinary diagnosis or medical treatment. Hospice services are intended to support quality of life, comfort, and emotional well-being during a pet's final stage of life.

I acknowledge that Splashing Paws does not provide veterinary medical services or euthanasia.

2. Medication Authorization

If applicable, I authorize Splashing Paws staff to administer medications strictly as prescribed by my veterinarian, according to instructions I have provided.

Medication list attached

No medication required

I understand that all medications must be clearly labeled and provided by the pet owner.

3. End-of-Life Care & Passing

If my pet passes naturally while in the care of Splashing Paws, I authorize staff to provide respectful handling and follow my selected aftercare preferences outlined below.

I understand that Splashing Paws does not perform euthanasia.

I understand euthanasia services, if chosen, are provided by a licensed veterinarian.

4. Aftercare Authorization (Select One)

Please initial one option:

- Private Cremation – Ashes returned to me
- Communal Cremation – Ashes not returned
- Burial Option (where legally permitted)
- Undecided – Please contact me immediately

I authorize Splashing Paws to coordinate aftercare services with a licensed third-party provider on my behalf.

5. Personal Belongings & Keepsakes

- I would like memorial keepsakes (if available)
- I do not wish to receive keepsakes

Personal items (blankets, collars, toys):

- Return to owner
- May remain with pet

6. Release of Liability

I release Splashing Paws, its owners, staff, and partners from liability for complications related to my pet's natural decline, pre-existing conditions, or passing while receiving hospice or aftercare services, except in cases of gross negligence or willful misconduct.

7. Emergency Contact (If Owner Cannot Be Reached)

Name: _____

Phone: _____

8. Acknowledgment & Signature

I confirm that I have read, understood, and voluntarily agree to the terms above. I have had the opportunity to ask questions and receive clear explanations.

Owner Signature: _____

Printed Name: _____

Date: _____

Acknowledgment

I understand and agree that Splashing Paws does not provide veterinary medical services, diagnosis, or euthanasia. I acknowledge that my pet's condition may decline naturally and that death may occur while in hospice care. I release Splashing Paws, its owners, staff, and affiliated partners from liability related to my pet's health condition, natural passing, or aftercare services provided through licensed third-party providers, except in cases of gross negligence or willful misconduct.