



This document authorizes Splashing Paws, LLC to carry out your end-of-life care and aftercare wishes for your pet.  
Please complete all sections carefully. Your instructions guide how we provide care and support during this time.

## 1. QUALITY OF LIFE & COMFORT-FOCUSED CARE

I understand that my pet is receiving hospice, recovery, or comfort care services. If my pet's condition declines, I authorize Splashing Paws, LLC to prioritize:

- Comfort over prolonging life
- Pain reduction and stress minimization
- A calm, peaceful, and supportive environment

I acknowledge that Splashing Paws, LLC does not perform euthanasia but may assist in coordinating veterinary services if requested.

## 2. ACTIVE PASSING (NATURAL DEATH) PROTOCOL

If my pet begins actively passing while in care, I authorize Splashing Paws, LLC to:

- Provide comfort measures only (warmth, repositioning, quiet environment)
- Remain present with my pet to ensure they are not alone
- Follow my selected DNR directive without initiating life-saving interventions (if applicable)

### I understand that:

- Signs of passing may include labored breathing, unresponsiveness, or physical changes
- Staff will not perform medical interventions beyond comfort care
- Timing of death is unpredictable

## 3. OWNER NOTIFICATION PREFERENCES

In the event of rapid decline or passing, please select your preferred notification method:

- Call immediately (primary number)
- Text first, then call
- Notify after passing has occurred
- Other:

## 4. AFTER-DEATH AUTHORIZATION

In the event of my pet's passing, I authorize Splashing Paws, LLC to take the following actions:

<input type="checkbox"/> I will pick up my pet personally
<input type="checkbox"/> Release my pet to the following individual: <b>Name:</b> _____
<b>Phone:</b> _____
<input type="checkbox"/> Arrange transport to a veterinary clinic
<input type="checkbox"/> Arrange cremation services through: <b>Provider Name:</b> _____
<input type="checkbox"/> I would like assistance selecting a cremation provider

### 5. BODY HANDLING CONSENT

I understand and authorize that after death:

- My pet may be gently cleaned and respectfully wrapped
- My pet may be placed in a designated, temperature-controlled area until pickup or transport
- Reasonable handling and movement may be necessary

I release Splashing Paws, LLC from liability related to post-mortem changes that occur naturally after death.

### 6. MEMORIAL & KEEPSAKE OPTIONS (OPTIONAL)

Please check any keepsake or memorial services you would like to be considered:

<input type="checkbox"/> Clay paw print	<input type="checkbox"/> Ink paw print	<input type="checkbox"/> Fur clipping keepsake
<input type="checkbox"/> Candlelight memorial service	<input type="checkbox"/> Remembrance photo	<input type="checkbox"/> Other: _____

### 7. LIABILITY ACKNOWLEDGMENT

I understand that:

- Death is a natural outcome of hospice and end-of-life care
- Splashing Paws, LLC provides non-medical, supportive care only
- Staff will act compassionately and in good faith at all times

I agree to hold harmless and release Splashing Paws, LLC from liability related to:

- The natural passing of my pet
- Decisions made in accordance with my documented wishes
- After-death care and handling as authorized above

### 8. OWNER SIGNATURE

By signing below, I confirm that I have read, understand, and agree to all end-of-life care and aftercare terms.

I trust Splashing Paws, LLC to honor my wishes and care for my pet with compassion and dignity.

**Owner Signature**

**Printed Name**

**Date**

---

---

---