



# SPLASHING PAWS, LLC

Hospice & Comfort Care – Liability Waiver & Service Agreement

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

Client Name \_\_\_\_\_

Pet Name(s) \_\_\_\_\_

## 1. ACKNOWLEDGMENT OF SERVICES

I understand that Splashing Paws, LLC provides non-veterinary supportive services, including hospice care, comfort care, post-surgical recovery assistance, respite care, and end-of-life support for pets.

I acknowledge that these services are not a substitute for professional veterinary care, diagnosis, or treatment.

Initials: \_\_\_\_\_

*Client initials confirming acknowledgment of services*

## 2. VETERINARY RESPONSIBILITY

I confirm that my pet remains under the care of a licensed veterinarian. I agree that I am solely responsible for:

- Seeking veterinary advice and treatment when needed
- Providing accurate medical information
- Maintaining prescribed medications and treatment plans

I authorize Splashing Paws, LLC to contact my veterinarian if necessary for the coordination of care.

Initials: \_\_\_\_\_

*Client initials confirming veterinary responsibility*

## 3. ASSUMPTION OF RISK

I understand that pets receiving hospice or recovery care may have serious medical conditions, including those that may result in decline or death.

I acknowledge and accept all risks associated with my pet's condition, including but not limited to:

- Sudden medical deterioration
- Injury related to mobility limitations
- Complications from existing illnesses
- Natural passing during care

Initials: \_\_\_\_\_

*Client initials confirming assumption of risk*

## 4. LIMITATION OF LIABILITY

I agree that Splashing Paws, LLC, its owners, employees, and contractors shall not be held liable for:

- Illness progression or death due to pre-existing conditions
- Unexpected medical emergencies
- Outcomes beyond reasonable control

To the fullest extent permitted by law, I release and hold harmless Splashing Paws, LLC, Managing Members and employees from any and all claims, damages, or liabilities arising from the care of my pet.

**Initials:**

*Client initials confirming limitation of liability*

## 5. MEDICATION AUTHORIZATION

**⚠ IMPORTANT:** All medications **MUST** be provided in original labeled containers from a licensed veterinarian or pharmacy. Medications without proper labeling will **NOT** be administered.

I, the undersigned pet owner or authorized agent, hereby grant permission to Splashing Paws, LLC and its staff to administer medications and follow veterinary instructions as outlined below and/or as provided by my veterinarian.

Medication Details:

Medication Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_

Route (oral, topical, injection, etc.): \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## 6. VETERINARY CARE AUTHORIZATION

I authorize Splashing Paws, LLC to:

- Follow all written and verbal instructions provided by my veterinarian
- Contact my listed veterinarian for clarification or additional instructions if necessary
- Seek veterinary care for my pet in the event of an emergency if I cannot be reached

I understand that I am financially responsible for any veterinary care, emergency services, or medications provided during my pet's stay.

## 7. LIABILITY WAIVER & ASSUMPTION OF RISK

I acknowledge and understand that:

- My pet is in recovery, hospice, or medical condition care, which carries inherent risks including but not limited to complications, deterioration, or death
- Splashing Paws, LLC is not a licensed veterinary facility and does not provide veterinary diagnosis or treatment
- Care provided is supportive in nature and based solely on owner and/or veterinarian instructions

I voluntarily assume all risks associated with my pet's condition and care.

I agree that Splashing Paws, LLC, its owners, employees, contractors, and representatives shall not be held liable for:

- Illness progression or medical complications
- Adverse reactions to medications provided by the owner or prescribed by a veterinarian
- Injury, decline, or death resulting from pre-existing conditions or unforeseen complications
- Any outcome despite reasonable care and adherence to provided instructions

## 8. MEDICATION & TREATMENT LIABILITY RELEASE

I understand and agree that:

- All medications are supplied by me and prescribed by a licensed veterinarian
- Splashing Paws, LLC is not responsible for errors or adverse effects related to incorrect labeling, dosage instructions, or undisclosed medical conditions
- While reasonable care will be taken in administering medications, I release Splashing Paws, LLC from any liability related to administration, timing, or unforeseen reactions.

## 9. EMERGENCY CARE & TRANSPORT RELEASE

In the event of a medical emergency:

- I authorize Splashing Paws, LLC to transport my pet to a veterinary clinic or emergency facility
- I understand transportation may be performed by staff or a third party
- I accept all financial responsibility for emergency care and transport

I release Splashing Paws, LLC from liability related to emergency decisions made in good faith when I cannot be reached.

## 10. ARIZONA LEGAL COMPLIANCE STATEMENT

This agreement shall be governed by and interpreted in accordance with the laws of the State of Arizona.

If any provision of this agreement is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

## 11. EMERGENCY CARE AUTHORIZATION

In the event of a medical emergency, I authorize Splashing Paws, LLC to:

- Contact my veterinarian or an emergency clinic
- Transport my pet for emergency care if deemed necessary

I understand that all veterinary expenses are my responsibility.

Initials:

Client initials confirming emergency care authorization

## 12. END-OF-LIFE CARE ACKNOWLEDGMENT

I understand that hospice care focuses on comfort and quality of life rather than curative treatment.

I acknowledge that:

- My pet may pass naturally while in care
- Splashing Paws, LLC does not perform euthanasia
- Coordination with a licensed veterinarian is required for euthanasia services

I agree that Splashing Paws, LLC will make every effort to notify me promptly of any significant changes in my pet's condition.

Initials:

Client initials confirming end-of-life acknowledgment

## 13. BEHAVIORAL DISCLOSURE

I certify that I have disclosed any known behavioral concerns, including aggression or anxiety.

I understand that failure to disclose such information may result in termination of services.

Initials:

Client initials confirming behavioral disclosure

## 14. PAYMENT AGREEMENT

I agree to pay all fees associated with services provided by Splashing Paws, LLC.

I understand that:

- Services may require advance payment or deposits
- Additional services may incur additional charges

Initials:

Client initials confirming payment agreement

## 15. DO NOT RESUSCITATE (DNR) AUTHORIZATION

In the event my pet experiences cardiac arrest, respiratory failure, or other life-threatening condition while in the care of Splashing Paws, LLC, I elect the following:

### FULL RESUSCITATION (CPR)

I authorize reasonable life-saving efforts, including transport to a veterinary facility if deemed appropriate.

### DO NOT RESUSCITATE (DNR)

I direct that no resuscitative measures be performed. This includes, but is not limited to:

- CPR (chest compressions)
- Artificial ventilation

- Emergency life-saving drugs
- Intubation or advanced life support

**I understand and acknowledge that:**

- Choosing DNR means my pet will be allowed to pass naturally without life-saving intervention
- Splashing Paws, LLC will provide comfort-focused care only (keeping my pet warm, calm, and as pain-free as possible)
- Death may occur without additional emergency measures being taken

*I release Splashing Paws, LLC from any liability related to honoring this directive.*

**Owner  
Initials:**

*Required — Owner must initial their CPR or DNR selection above*

**Emergency Contact Preference — If my pet declines:**

- Attempt to contact me first
- Proceed immediately based on my DNR/CPR selection above

## 16. PHOTO & MEDIA RELEASE (OPTIONAL)

- I authorize Splashing Paws, LLC to use photos/videos of my pet for marketing or educational purposes.
- I do NOT authorize use of photos/videos.

## 17. ACKNOWLEDGMENT & SIGNATURE

By signing below, I acknowledge that I have read, understood, and agree to the terms outlined in this Liability Waiver & Service Agreement.

I understand the nature of hospice and comfort care and accept all associated risks.

**Client Signature**

**Printed Name**

**Date**

**Splashing Paws Representative**

**Date**