



CLIENT INTAKE FORM

Hospice & Supportive Pet Care

Date:

1 | Pet Parent Information

Full Name

Primary Phone

Secondary Phone

Email Address

Home Address

Emergency Contact Name

Emergency Contact Number

2 | Pet Information

Pet's Name

Species (Dog, Cat, etc.)

Breed

Age / Date of Birth

Weight

Gender

Spayed / Neutered?

Yes

No

Photo

Attached

Will send later

Not available

3 | Veterinary Information

Primary Vet Clinic Name

Veterinarian Name

Clinic Phone Number

Permission to contact
vet?

Yes

No

4 | Medical History & Current Condition

Diagnosis (if known)

Current Health Concerns

Chronic Conditions

Allergies

Mobility Status

Normal

Limited

Cannot Walk

Pain Level

None

Mild

Moderate

Severe

Appetite

Normal

Decreased

Not Eating

Medication Name	Dosage	Schedule

5 | Daily Care Needs

Feeding Schedule & Diet

Bathroom Routine

Mobility Assistance Needed (lifting, harness, etc.)

Sleep Habits

Anxiety Triggers or Fears

Preferred Emergency Clinic (if different)

End-of-life preferences:

- Natural Passing Support Euthanasia Coordination Aftercare Assistance

10 | Memorial Preferences (Optional)

Interested in:

- Sunset Memorial Service Candlelight Farewell
 Remembrance Garden Ceremony Ashes Keepsake / Memorial Item

Special Requests or Cultural / Religious Considerations

11 | Policies & Agreements

Hospice Care Acknowledgment

I understand that Splashing Paws provides non-medical, supportive hospice care only. Services do not constitute veterinary treatment.

Liability Waiver

I release Splashing Paws, its owners and staff from liability for injury or loss arising from services rendered, provided reasonable care was exercised.

Payment Agreement

I agree to pay for all services rendered as outlined in the service agreement provided at the time of booking.

Photo / Video Release (Optional)

I consent to photo/video use

I consent

I do not consent

Owner / Guardian Signature

Printed Name

Date

12 | 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

13 | Final Notes

“Is there anything else you’d like us to know about your pet?” ♥
