



**SPLASHING PAWS, LLC**  
Master Hospice Intake & Liability Agreement  
Hospice & End-of-Life Care • State of Arizona

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

**Please Read Carefully Before Signing**

This Master Agreement covers all aspects of hospice, comfort care, and end-of-life services provided by Splashing Paws, LLC. By signing, you confirm you have read, understood, and voluntarily agree to all terms.

## 1. CLIENT & OWNER INFORMATION

Owner Name

Phone

Email

Address

## 2. PET INFORMATION

Pet Name

Breed

Age

Weight

## 3. SERVICE ACKNOWLEDGMENT / SCOPE OF CARE

I understand that Splashing Paws, LLC provides non-veterinary, supportive hospice, comfort care, recovery support, and end-of-life memorial services.

Services may include, but are not limited to:

- Comfort-focused hospice care
- Monitoring and supportive supervision
- Medication administration as directed by a licensed veterinarian
- End-of-life companionship and natural passing support
- Post-death handling and memorial services

I acknowledge that Splashing Paws, LLC is not a veterinary medical facility and does not diagnose, prescribe, or treat medical conditions.

**Initials:** \_\_\_\_\_ *Client initials confirming scope of care acknowledgment*

#### 4. VETERINARY DIRECTION OF CARE

I understand that all medical decisions, diagnoses, and treatment plans must originate from a licensed veterinarian. I authorize Splashing Paws, LLC to follow written and verbal instructions provided by my veterinarian.

**Initials:** \_\_\_\_\_ *Client initials confirming veterinary direction of care*

#### 5. MEDICATION AUTHORIZATION

I understand that all medications must be provided in original, labeled containers. I authorize staff to administer medications strictly as directed by my veterinarian.

**Initials:** \_\_\_\_\_ *Client initials confirming medication authorization*

#### 6. QUALITY OF LIFE & COMFORT CARE

I understand that hospice care is focused on comfort, dignity, and quality of life rather than cure or recovery.

I acknowledge that:

- My pet's condition may naturally decline over time
- Sudden deterioration or death may occur without warning
- Comfort-focused care does not prevent disease progression

**Initials:** \_\_\_\_\_ *Client initials confirming quality of life understanding*

#### 7. DO NOT RESUSCITATE (DNR) / END-OF-LIFE DIRECTIVE

**FULL RESUSCITATION AUTHORIZED**

**DO NOT RESUSCITATE (DNR)**

**If DNR is selected:**

- No CPR or life-saving intervention will be performed
- Comfort care only will be provided
- Natural passing will be allowed to occur

**Owner Initials:** \_\_\_\_\_ *Required — Owner must initial their CPR or DNR selection above*

#### 8. EMERGENCY CARE AUTHORIZATION

I authorize Splashing Paws, LLC to:

- Contact emergency veterinary services if necessary
- Transport my pet for emergency care if needed and if permitted under my care plan
- Follow pre-established hospice directives in urgent situations

I accept financial responsibility for any emergency services.

**Initials:**

\_\_\_\_\_ *Client initials confirming emergency care authorization*

## 9. END-OF-LIFE & PASSING ACKNOWLEDGMENT

I understand that:

- Death is a natural and expected possibility of hospice care
- Staff may provide comfort during active passing
- Timing and circumstances of death cannot be predicted or controlled

**Initials:**

\_\_\_\_\_ *Client initials confirming end-of-life acknowledgment*

## 10. MEMORIAL SERVICES & CREMATED REMAINS

I acknowledge that memorial services may involve emotional end-of-life experiences and, where applicable, handling, transport, or ceremonial use of cremated remains.

If cremated remains are involved, I understand:

- I am responsible for proper identification and provision of ashes unless otherwise arranged
- Splashing Paws, LLC is not responsible for third-party cremation provider errors
- Memorial handling is symbolic and ceremonial in nature
- Once ashes are scattered, they cannot be recovered

I release Splashing Paws, LLC from liability related to memorial handling, ceremonies, and emotional outcomes.

**Initials:**

\_\_\_\_\_ *Client initials confirming memorial services acknowledgment*

## 11. LIABILITY WAIVER & ASSUMPTION OF RISK

I understand and voluntarily assume all risks associated with hospice care, including but not limited to:

- Medical decline or natural death
- Emotional distress associated with end-of-life care
- Transportation or handling during care
- Decisions made in accordance with my directives

I release Splashing Paws, LLC, its owners, staff, contractors, and affiliates from all liability except in cases of gross negligence or intentional misconduct.

**Initials:**

\_\_\_\_\_ *Client initials confirming liability waiver & assumption of risk*

## 12. LIMITATION OF LIABILITY

To the fullest extent permitted under Arizona law:

- Splashing Paws, LLC is not liable for natural disease progression
- Not liable for adverse outcomes from veterinarian-directed care
- Not liable for emotional distress arising from end-of-life experiences
- Not liable for third-party veterinary or cremation services

**Initials:**

*Client initials confirming limitation of liability*

### 13. ARIZONA GOVERNING LAW

This agreement shall be governed by the laws of the State of Arizona.

If any provision is found unenforceable, the remaining provisions remain in full force.

### 14. ACKNOWLEDGMENT OF UNDERSTANDING

I confirm that:

- I have read and understand this agreement
- I understand I am waiving certain legal rights
- I am voluntarily participating in hospice services
- I am legally authorized to make decisions for this pet

### 15. SIGNATURE

**Owner Signature**

**Printed Name**

**Date**