



## Advance Directive for Medical Care in Owner's Absence

Owner's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

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

*If the pet owners wish to have different instructions for different pets, please fill out separate forms.*

**If my pet becomes seriously ill or injured, as determined by the attending veterinarian while in the care of Kelsey's Super Pet Sitters, and none of the pet owners can be reached, below are my wishes. I have initialed only the statements that best describe the guidelines that I would want followed.**

\_\_\_ I authorize CPR and necessary life-saving procedures.

\_\_\_ I do not wish for my pet to be resuscitated.

**If my pet is suffering unduly, despite best treatment efforts:**

\_\_\_ I authorize humane euthanasia if my pet is suffering unduly.

\_\_\_ I authorize the following emergency contact to make the decision to euthanize my pet under the veterinarian's advisement:

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ or \_\_\_\_\_.

\_\_\_ I authorize the veterinarian to euthanize my pet under his/her advisement after all reasonable attempts have been made to reach me and the above emergency contact.

\_\_\_ Under no circumstance should my pet be euthanized.

Additional guidelines that the pet owner(s) would like to be used in the decision whether or not to euthanize pet:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Kelsey's Super Pet Sitters

Phone: 716-430-0119

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**In the unlikely event that my pet passes away while in the care of Kelsey's Super Pet Sitters, below are my wishes. I have initialed the statements that best describe the guidelines that I would want followed.**

- If a pet is found deceased, I want to know right away.
- If a pet is found deceased, I would prefer to wait to learn about this upon my (our) return.
- If the veterinarian has not determined cause of death, I would like to have an autopsy performed.
- I want the body to be retained at the veterinarian's office until I return.
- I want the body to be individually cremated & ashes returned to me.
- I want the body to be part of a group cremation, & ashes returned to me.

This form has no expiration date unless otherwise noted or new instructions provided. A photocopy/facsimile of this form shall have the same force and effect as the Pet Owners' original signature.

Pet Owner Signature: \_\_\_\_\_

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