



THIS ANIMAL IS CURRENTLY RECEIVING SPECIAL-NEEDS OR HOSPICE CARE

The owner/s of the animal described below has/have chosen to provide this animal with special-needs, palliative or hospice care. The animal, to the best of my knowledge, is receiving appropriate nutrition, medication, remedies and/or treatments, as needed, and is under veterinary care.

Animal's name: _____ Species: _____ Age: _____ M / F N / S / Intact
Circle

Physical description: breed _____ color _____

Identifying markings _____ other _____

Medical condition(s)

A geriatric animal or animal receiving hospice care may be underweight even when well fed, unable to get around, or groom itself. These are common stages of the aging and/or the natural dying process and compensation for these conditions, if they occur, is implemented by the caregiver to maintain the comfort of the animal.

I certify that I have evaluated this animal's care and condition and support the caregiving that,

_____, is providing for _____
caregiver's name/organization animal's name

owner's address _____ city _____ state _____ zip code _____

This animal is being appropriately assisted according to the guidelines for Veterinary Hospice Care as approved by The American Veterinary Medical Association

Veterinarian's name: _____ / _____
print signature

Veterinarian's phone: _____ Date: _____

Business name & address: _____

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*The Nishi Hospice
Foundation for Pets*



www.pethospice.org



www.spiritsintransition.org

These organizations endorse the use of this certificate but cannot vouch for the actual care and condition of the animal named above unless the animal is under their direct care or supervision, nor are they affiliated with or vouch for the work performed by the distributor of this form.

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