

 Apple Valley Animal Hospital

 1207 Cedar Creek Grade

 Winchester, Va 22602

 540-678-0202 avahpets@gmail.com applevalleypet.com

 If there is an unexpected or life-threatening situation involving any of my pets, I would like the following actions taken:

[ ] I give permisson for the doctors and support staff of the Apple Valley Animal Hospital to initiate life-saving emergency care and treatment for my pets. **I understand that I am financially responsible for these treatments, and I am aware that intial stabilization fees could be up to $500.00.**

**After the *initial stabilization*, I will receive an estimate for the rest of my pet’s care.**

 I would like the following pets omited from this directive:

[ ] I do not wish for any heroic care to be performed on any of my pets without my permission and a **written estimate.** I understand in emergency situations time is of the essence, and ***by checking this box I will be delaying my pet’s care.***

Client’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration for following my wishes, I hereby release the Apple Valley Animal Hospital, it’s staff and authorized representatives from any and all liablity that may have subsequently accrued to me, as a result of honoring this directive. I declare that the doctors and staff of the Apple Valley Animal Hospital are acting in accordance with my wishes.

I certify that I am the legal owner or the duly authorized agent for the owner of the pets listed on my record.

 I understand that my wishes may be carried out immediately upon my signing this agreement. **I assume full responsibility for applicable** **fees as listed above.** I fully understand the foregoing provisions.

I understand that this advance directive will be honored until I wish to make changes to it.

 Any decision I declare on the phone shall supersede my written directives.

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

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Winchester Animal Hospital

 901 North Loudoun Street

 Winchester, Va

 540-667-0260

 wahpets@gmail.com

 winchesterpet.com

If there is an unexpected or life-threatening situation involving any of my pets, I would like the following actions taken:

[ ] I give permisson for the doctors and support staff of the Winchester Animal Hospital to initiate life-saving emergency care and treatment for my pets. **I understand that I am financially responsible for these treatments, and I am aware that intial stabilization fees could be up to $500.00.**

**After the *initial stabilization*, I will receive an estimate for the rest of my pet’s care.**

 I would like the following pets omited from this directive:

[ ] I do not wish for any heroic care to be performed on any of my pets without my permission and a **written estimate.** I understand in emergency situations time is of the essence, and ***by checking this box I will be delaying my pet’s care.***

Client’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration for following my wishes, I hereby release the Winchester Animal Hospital, it’s staff and authorized representatives from any and all liablity that may have subsequently accrued to me, as a result of honoring this directive. I declare that the doctors and staff of the Winchester Animal Hospital are acting in accordance with my wishes.

I certify that I am the legal owner or the duly authorized agent for the owner of the pets listed on my record.

 I understand that my wishes may be carried out immediately upon my signing this agreement. **I assume full responsibility for applicable** **fees as listed above.** I fully understand the foregoing provisions.

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

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_