

ADVANCED DIRECTIVE

Pet Name _____ **Species** _____ **Breed** _____ **Age** _____

Owner Name _____

Address _____

I, the undersigned owner of the pet identified above, certify that I am over eighteen years of age, and make this statement as a directive to be followed if, for any reason, I become unable to participate in the decisions regarding the medical care of my pet.

I direct that if, in the opinion of the attending veterinarian, my pet's medical condition becomes such that:

1. My pet's medical condition is terminal and hopeless, or death is imminent;
or
2. My pet is in a state of permanent unconsciousness; or
3. My pet is suffering and it would be inhumane to keep my pet alive; or
4. There is no reasonable expectation that my pet will recover and regain a meaningful quality of life; or
5. My pet is in the terminal state of an irreversible fatal illness, disease or condition;

then, I direct that further treatment by life sustaining procedures, methods and devices involving further therapeutic or emergency care be withheld and withdrawn. I further direct that all treatments be limited to comfort and pain management measures only, even if they shorten my pet's life.

The life sustaining procedures, methods and devices, and therapeutic or emergency care that shall be withheld and withdrawn, include, without limitation: surgery, cardiopulmonary resuscitation, respiratory support or life sustaining treatment, and artificially administered feedings and fluids.

I hereby release the owner and employees of Kenwood Animal Hospital from any legal liability for honoring this directive, and declare that Kenwood Animal Hospital is acting in accordance with my directions.

Being of sound mind, I voluntarily execute this order, and I fully understand it.

Owner's Signature

Date

Owner's PRINTED name

MEDICAL POWER OF ATTORNEY

Pet Name _____ **Species** _____ **Breed** _____ **Age** _____

Owner Name _____

Address _____

I, the undersigned owner of the pet identified above, certify that I am over eighteen years of age, and appoint:

Name: _____

Address: _____

Phone: _____ Alt. Phone _____

as my agent to make any and all health care decisions for my pet, except to the extent that I state otherwise in this document. My agent shall follow my wishes as known to him or her either through this document or through other means. If my agent cannot determine the choice I would want for my pet, then my agent's decision shall be based on what he or she believes to be in my pet's best interest. This medical power of attorney takes effect if I become unable to make health care decisions for my pet.

The following sets forth limitations on the decision-making authority of my agent (*Initial any/all that apply*):

____ Agent's decisions must be made in accordance with the Advanced Directive for my pet, executed on (*date*) _____.

____ I agree to pay for all authorized services, as long as costs for my pet's medical care does not exceed \$ _____ (*fill in amount*).

____ No limitations shall be imposed on my agent.

I understand that this power of attorney revokes any prior medical power of appointment and shall exist indefinitely from the date I execute this document unless I establish a shorter time or revoke the power of attorney. If I am unable to make health care decisions for my pet and this power of attorney expires, the authority I have granted to my agent shall continue to exist until the time I am again able to make health care decisions for my pet.

(IF APPLICABLE) This power of attorney ends on the following date: _____

If the person designated as my agent is unable or unwilling to make health care decisions for my pet, I designate the following alternative person to serve as my agent to make health care decisions for my pet as authorized by this document:

Name: _____

Address: _____

Phone: _____ Alt. Phone _____

I voluntarily execute this medical power of attorney by my signature below.

Owner's Signature

Date

Owner's PRINTED name

DO NOT RESUSCITATE (DNR) ORDER

Pet Name _____ **Species** _____ **Breed** _____ **Age** _____

Owner Name _____

Address _____

EFFECTIVE DATE: _____

I, the undersigned owner, or owner's agent, of the pet identified above, certify that I am over eighteen years of age, and have been informed of the critical nature of my pet's medical condition.

I hereby request that in the event my pet's heart and/or breathing should stop, NO PERSON SHALL ATTEMPT TO RESUSCITATE MY PET.

This request is being given following discussion and advisement by (Attending Veterinarian) _____ with me regarding my pet's medical condition and the consequences of this order NOT TO RESUSCITATE.

This order is effective on the date set forth above, and until such time as it is revoked by me.

Being of sound mind, I voluntarily execute this order, and I fully understand it.

Owner or Agent Signature Date Owner or Agent PRINTED name

Attending Veterinarian's Signature Date Veterinarian's PRINTED name

Witness for Telephone Authorization Date Witness' PRINTED name

Kenwood Animal Hospital Policy Pertaining to the Use of Advanced Directives and Do Not Resuscitate Orders (DNRs)

Kenwood Animal Hospital has adopted the following policy pertaining to the use of advance directives and DNRs, to ensure that the medical decisions made on behalf of our clients' pets reflect owners' wishes which have been clearly communicated to the hospital staff. Such directives shall be used only after clients have been fully informed of the medical condition of their pets and consequences of their decisions. These decisions should reflect a clear commitment to serve the needs and best interests of the patients and be made only after careful consideration by clients and attending veterinarians. The following guidelines have been developed to provide pet owners, veterinarians, and hospital staff with support and guidance in making decisions to withhold or withdraw life-sustaining treatments from our patients.

POLICY GUIDELINES:

Definitions:

- Advanced directives are documents by which clients provide instructions to their veterinarians as to the type and extent of health care that should be provided to their pet if they are not available to make decisions at the time such choices are medically required. Advanced Directives guide veterinarians as to what types, if any, of life sustaining treatments should be provided to terminally or critically ill pets.
- Medical powers of attorney permits clients to appoint persons to make medical treatment decisions for their pets. If an Advanced Directive has been completed for a pet, the appointee's decisions would be guided by that document.
- A DNR is provided by the veterinarian and requires the client's consent and signature. It serves to notify all attending medical personnel that no one is to use cardiopulmonary resuscitation to revive a patient if the pet stops breathing or experiences cardiac arrest.

Procedure:

- For pets that are admitted as critical care patients, terminally-ill patients, or are likely to require advanced directives and/or DNRs, clients will be asked at admission whether they have such documents "active" (not expired/out of date) on file. For clients that have no directives for their pets, attending veterinarians and support staff may discuss the use of such directives if clients make a request, or if in the opinion of the veterinarian such discussion is warranted based on the medical condition(s) of the patient.
- All discussions pertaining to directives and life sustaining treatment must be recorded in the pets' medical records.
- If clients wish to sign a DNR, a veterinarian must indicate to the clients or agents which medical treatments will be withheld and explain the rationale for such decisions. If a DNR is issued and signed, clients should be informed that even though certain treatments will be withheld, other treatments will be provided to ensure their pets' comfort and relief from pain.
- If a pet suffers cardiac or respiratory arrest, cardio-pulmonary resuscitation will be initiated unless a DNR order has been written and signed by a veterinarian and the client, and entered into that pet's medical record. Owners will be charged for resuscitation services and emergent care in accordance with the hospital's fee schedule.

Client Considerations:

- Determining the specifics of advance directives for pets that are regarded as family members is difficult. While owners cannot anticipate all the different medical decisions with which they may be faced, they should consider their treatment goals.
- Owners may wish to examine their attitudes toward the possible death of their pets and under what circumstances they would consent to a DNR.
- Some useful questions owners may wish to consider include:
 - Could you provide supportive care to a pet that was incontinent, partially or completely paralyzed, needed multiple medications per day, or had a condition that altered its behavior?
 - How active and healthy is your pet currently? How old is your pet? Has your pet lived most of its adult life? Would age and activity level play a role in your decision making process?
 - Do religious beliefs or finances play a role in decisions about your pet's health care?
 - What role should other family members and your veterinarian play in your decisions?
 - How does your pet's quality of life affect your decision? What are your expectations? What might be acceptable handicap(s) that you would feel comfortable managing long-term at home for your pet? What handicap(s) might you consider unacceptable? At what point would you consider euthanasia or a DNR?

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