

**Main Street Veterinary Hospital  
Advance Directive for Medical Care in Owner's Absence**

**Owner Name:** \_\_\_\_\_

**Pet Name:** \_\_\_\_\_

**We at Main Street Veterinary Hospital care about the comfort and health of our boarding patients. We will not allow a pet in our care to suffer or be uncomfortable.**

- We will make every reasonable attempt to contact you should your pet become ill or injured during his/her stay. It is imperative that you provide accurate contact numbers.
- Any decisions you make while on the phone with a staff member will supersede your written directives.
- If we are unable to reach you, we will attempt to reach the emergency contact you left us...please discuss your wishes with them so they are prepared to make decisions
- **If we are unable to reach your emergency contact, we will provide basic treatment necessary to keep your pet comfortable *at your expense*.**

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***In the event that my pet should become seriously ill while boarding, I authorize the following (choose all that apply)***

- Transfer of my pet to the Flower Mound Emergency Pet Clinic for after-hours care with return to Main Street Veterinary Hospital for day treatment.
- Transfer of my pet to a specialty practice if recommended.

*\*\* if I will be unable to be reached during my pet's stay, I understand that I must leave a credit card number if I am requesting transfer of my pet*

***If my pet should require Life Saving Resuscitation Efforts, for example, CPR (please choose one)***

- Please do not resuscitate my pet
- Please perform CPR and necessary life saving procedures

***If my pet is suffering unduly despite best treatment efforts, I authorize humane euthanasia***

- I authorize euthanasia
- I do NOT authorize euthanasia

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

**Signature:** \_\_\_\_\_