



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 permission 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 initial 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 omitted 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, its staff and authorized representatives from any and all liability 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: _____