



# This Animal is Currently Receiving **SPECIAL-NEEDS CARE or HOSPICE**

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 care-giving 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: \_\_\_\_\_

**This form developed and endorsed by:**

*The Nikki Hospice  
Foundation for Pets*



[www.brighthaven.org](http://www.brighthaven.org)



[www.pethospice.org](http://www.pethospice.org)



[www.spiritsintransition.org](http://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 or this form.*