



Angel's Paws

Advance Directive for Pet Care
email completed form to admin@angelpaws.com

(today's date)

In my absence _____ , _____
(Dates) (Person designated)

at _____

(Phone #/address)

has my authorization to make decisions for my pet, _____
(name of pet)

Regarding _____ Medications
_____ Euthanasia
_____ Cremation
_____ Reaching my Vet _____
(name of veterinarian)

_____ Pet owner name

_____ address

_____ phone