

## PATIENT ADVANCE DIRECTIVE

This selection form allows you to express your values and desires related to end-of-life care, and may need to be adjusted as your pet's health conditions change. THIS IS NOT A LEGAL DOCUMENT.

Date: Pet Parent Name:	Pet's Name:	
Please Select Your Preferred	d Provider for End-Of-	Life Care:
OPTION: A  NORTH STAR VETS*  Veterinary Emergency Trauma & Specialty Center  Leading the Way.	24-HOUR EMERGENCY SERVICE No Appointment Needed (609) 259-8300 northstarvets.com	
OPTION: B  My Primary Veterinarian:	Phone: ( ) _	
OPTION: C  Lap of Love  VETERINARY HOSPICE  & In-Home Euthanasia	Call To Set Up A Private Appointment (855) 933-5683  LapofLove.com	
Pet Parent's Wishes: NOTE: NorthStar VETS Partners With Pet Meadow Fo	r Funeral Arrangements	
Clay Paw Print Impression By Pet Meadow 🔲 Ink Paw Prin	nt Impression By Pet Meadow	Pet Meadow
Clay Nose Print Impression By Pet Meadow		1500 Klockner Road Hamilton, NJ 08619
		Mon-Fri: 9 AM - 6 PM Sat-Sun: 9 AM - 5 PM
		(609) 586-9660 petmeadow.com







