

Vegan Lifestyle Advance Directive

Personal Information

Full Name

Date

Statement of Values

My commitment to a vegan lifestyle:

Dietary Preferences

Foods I wish to avoid and preferred alternatives:

Medical Care Instructions

Instructions regarding medication, supplements, or treatments that align with my vegan beliefs:

Personal Care Products

Instructions about hygiene or body care products:

Other Considerations

Other aspects important to my vegan lifestyle:

Emergency Contact

Name

Relationship

Phone

Signature

Date