

Pet Euthanasia Consent Form

Pet Name: _____ Pet Owner: _____
Date: _____ Pet ID No. _____
Phone: _____ Email: _____
Species: _____ Breed: _____
DOB: _____ Age: _____ Sex: _____ Neutered/Spayed? _____
Weight: _____ Color: _____ Size: _____ Markings: _____
Breeding Origin: _____ Date Acquired: _____
Acquired from: _____
Reproductive History: _____
Referred from: _____
Primary Veterinarian: _____

- ☐ I, the pet owner, hereby accept full and total responsibility for the remains after the procedure. I have read up on all applicable laws concerning disposal of remains. I understand laws and the inherent dangers of disposing of animals that have been euthanized with chemicals.
- ☐ I agree to release the remains to this veterinary hospice and ☐ would ☐ would not like the cremated remains returned to me.

I hereby certify that I am the legal and rightful owner of the pet mentioned above. I authorize this veterinary hospice and all veterinarians, agents, staff, and representatives therein to euthanize and dispose of said animal. I release and hold harmless all agents, staff, and representatives from any liabilities that may arise from the euthanasia and disposal.

I further swear and verify that the aforementioned animal has not scratched or bitten anyone in the last ten (10) days. If the animal has scratched or bitten anyone in the last ten days, the animal is required to have a rabies test before euthanasia takes place.

I understand that the euthanasia process is used to painlessly put down animals. I have read the information provided on the subject. I understand that the process may begin immediately following my signing of this document.

Signature

Date