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| Pet Euthanasia Consent FormInsert Clinic label here |  |

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| Name: |
| Name of pet:  | Age  | Breed |
| Has your animal been bit/scratched in past 10 days? | Yes |  | No |  | Explain |  |
| If yes, is their behavior normal? | Yes |  | No |  | Explain |  |
| 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 release the remains to this veterinary practice and: WOULD like the cremated remains returned to me. WOULD **NOT**  like the cremated remains returned. |
| I need more time to take my decision and will communicate with the practice within 72 hours, otherwise mypet **will be sent for communal cremation.** |
| I hereby certify that I am the legal and rightful owner of the pet mentioned above. I authorize this veterinary practice and all veterinarians, agents, staff, and representatives therein to euthanize and dispose of said animal. I recognize that if the animal has scratched or bitten anyone in the last ten days, it may have to be tested for rabies by local authorities after euthanasia.I release and hold harmless all agents, staff, and representatives from any liabilities that may arise from the euthanasia and disposal. I understand that the euthanasia process is used to painlessly put an animal down and have read the information provided on the subject. I understand that the process may begin immediately following my signing of this document. |
|  |
| Signature |  | Date  |
|  | Name of Representative/Executive |  DD MM YYYY |

***We offer you our deepest condolences during this difficult time.***