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| Pet Euthanasia  Consent Form  Insert 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.***