**Euthanasia Consent Form**

Pet Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet Description:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization to perform euthanasia**

As owner, or duly authorized agent of the owner, of the animal described above, I consent to, and order, euthanasia to be performed for humane reasons. I further authorized the attending veterinarian to dispose of the remains in accordance with hospital policy, if I do not wish to take the remains home for burial.

To the best of my knowledge and belief, this animal has not bitten any person during the 15 days preceding this date.

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Is the animal described above up to date on the Rabies vaccine? **Yes No**

Would you like to be present for euthanasia? **Yes No**

Would you like to take you pet home for burial? **Yes No**

If no, cremation is available. Would you like: **Single – cremains returned**

 **Group – no cremains returned**

Would you like the collar and/or leash **To take home Left on**

Would you like us to make you a clay paw? (additional fee) **Yes No**

**Name and contact person for cremation pick up:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special Instructions:**

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**Office Use**

**Doctor to perform euthanasia\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acct #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**P: Yes No Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**