



# Euthanasia Consent Form

Owner's/Agent's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Dog or Cat \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: M or F Spayed/Neutered Y or N

Regular Vet Clinic: \_\_\_\_\_ Specialists: \_\_\_\_\_

How did you hear of us? \_\_\_\_\_

## AFTERCARE ARRANGEMENT OPTIONS

I will handle and take full responsibility for all the after care arrangements myself. I am aware of laws and regulations regarding the burial of my pet and understand caution should be taken when handling a pet euthanized with drugs/chemicals

I wish to have Paws Into Grace arrange for my pet's after care (check one)

Communal Cremation (no ashes returned)

Private Cremation (ashes returned to me)

NAMEPLATE: Line: \_\_\_\_\_

(15 characters max)

CHARGES: House Call \$ \_\_\_\_\_ Aftercare \$ \_\_\_\_\_ H-Delivery \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

PAYMENT:  Check  Cash  Card on File  Other Card

FOR PAWS STAFF: Transport To: \_\_\_\_\_ EMail Owner Receipt:  Y  N

I certify I am the legal owner or authorized agent for the owner of the pet described above and give Paws Into Grace and any authorized agents, staff or representatives full and complete authority to euthanize my pet. I forever release and hold harmless Paws Into Grace and any authorized agents, staff or representatives from any and all liability for euthanasia and aftercare. To the best of my knowledge my pet has not bitten, scratched and/or potentially exposed any person or other animal to rabies in the past ten (10) days. I understand that if the animal described above has bitten or otherwise potentially exposed any person within the time specified, a rabies test may be performed.

I understand that euthanasia is the act of ending the life of an animal in a painless way to prevent unnecessary suffering. To the best of my knowledge the information I have provided is accurate and complete. Fees for these services have been explained to me and I assume full responsibility for all charges applicable to such services. I have carefully read and fully understand this form.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_