

# Euthanasia Consent Form

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Pet's Name \_\_\_\_\_ Species:  Dog  Cat  Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ lbs

Sex:  M  F  Spayed/Neutered

Please provide the name of the veterinary clinic/hospital that referred you to us:

Clinic Name \_\_\_\_\_ Veterinarian \_\_\_\_\_

## After Care Arrangement Options

\_\_\_\_\_ Home burial: I will handle and take full responsibility for all after care arrangements myself. I am aware of any applicable laws and regulations regarding the burial of a pet's body and understand caution should be taken when disposing of animals euthanized with drugs/chemicals.

\_\_\_\_\_ Cremation: I wish to have EverLoved Veterinary to arrange cremation.

Communal (ashes not returned) \_\_\_\_\_ Private (ashes returned to me) \_\_\_\_\_

I certify that I am the sole legal owner or duly authorized agent for the owner(s) and have the permission of all owners of the animal described above, and do hereby give Dr. Lydia Sullivan, EverLoved Veterinary, and any authorized agents, staff, or representatives full and complete authority to euthanize said animal in a humane manner, including the use of sedation. I hereby forever release and hold harmless Dr. Lydia Sullivan, EverLoved Veterinary, and any authorized agents, staff, or representatives from any and all liability for euthanasia and disposal of said animal.

**Rabies:** Dogs, Cats and Ferrets: To the best of my knowledge, the dog, cat, or ferret described above has not bitten, scratched, or otherwise potentially exposed or been exposed by any person or other animal to rabies in the past ten (10) days. Other Species: To the best of my knowledge, the animal described above has not bitten, scratched, or otherwise potentially exposed any person or other animal to rabies in the past thirty (30) days. I understand that if the animal described above has bitten or otherwise potentially exposed any person within the time specified, a rabies test must be performed at my expense and remains cannot be returned after rabies testing. \_\_\_\_\_ **(initial)**

I understand that euthanasia is the act of ending the life of an animal in a painless way to prevent/alleviate any unnecessary suffering. To the best of my knowledge, the information I have provided is accurate and complete. I understand that the euthanasia may be carried out immediately upon my signing this agreement, and once the procedure has begun it cannot be stopped nor reversed. 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 the foregoing provisions.

Owner/Agent's (**circle one**) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

EverLoved Veterinary Home Hospice, Acupuncture, & Euthanasia

Phone: 251-229-1043