



In-Home Pet Hospice and Euthanasia Services

EUTHANASIA CONSENT FORM

Name _____ Phone# _____

Address _____

Animal's Name: _____ M MNeut F FSpay Breed: _____ Color: _____

Approximate Age: _____ Approx. Weight: _____ Medical Condition: _____

Current Veterinary Clinic Name: _____ Referral _____

I certify that I am the owner or authorized agent of the owner, for the above named animal. In being the owner/agent for this animal, I do hereby give **Peaceful Companion P.C.** full and complete authority to perform euthanasia services. Arrangements for aftercare will be based on the wishes of the owner/agent and documented below. I release the above named animal to **Peaceful Companion P.C.** for:

- Euthanasia – humanely terminate life
- Biopsy, post euthanasia, educational/teaching
- Postmortem examination, educational/teaching

BODY DISPOSITION REQUEST

- I choose to retain my pet for burial or self-delivery for cremation. (regulations have been discussed)
- I choose communal cremation (additional charge, remains will not be returned)
- I choose private cremation (additional charge)
 - wood urn (with nameplate) metal urn no urn
 - Cremation service to Deliver to clinic _____
 - I would like to pick up from PC home office

To the best of my knowledge, the information I have provided on this form is true. I do also certify that my animal has not bitten, seriously scratched, or exposed anyone to rabies within the past 10 days. I understand that my wishes will be immediately carried out upon signing this agreement. Fees for these services have been explained to me and will be collected at time of service.

Owner / Agent signature _____ Date _____

- I would like a clay paw print keepsake

Office Use Only

Euthanasia performed with _____ Time _____ Date _____ logged
(Drug used and amount)

Sedation:

Clinician's signature _____ C Vet Clinic Fax

Grief HO (canine) (feline) email: _____

Euthanasia \$ _____ Cremation \$ _____ Misc \$ _____ Total \$ _____ Cash Check Visa/MC/Amex/Disc