

EUTHANASIA CONSENT FORM

Date _____

Owner Name _____ Phone Number _____

Owner Address _____

Patient Name _____ Age _____ Weight _____

Species _____ Breed _____ Color _____

I certify that I am the owner, or a duly authorized agent for the owner, of the animal described above, and do hereby give Dr. Jacquelyn Conner Henry, of Constant Companion Veterinary Corporation and any authorized agents, staff, or representatives full and complete authority to euthanize and dispose of or arrange for cremation of said animal in a humane manner. I hereby forever release Dr. Conner Henry, of Constant Companion and any authorized agents, staff, or representatives from any and all liability for euthanasia and disposing of said animal.

_____ I certify to the best of my knowledge the said animal has not bitten any person or animal during the last 10 days and has not been exposed to rabies virus. California state law requires post euthanasia rabies testing of any animal who has bitten people/other animals or been exposed to rabies virus in the last 10 days

_____ Please notify my family veterinarian _____

I request that this animal's remains be cared for in the following manner:

_____ Private cremation with return of ashes.

_____ Cremation with no return of ashes. My pet's remains will not be returned to me.

_____ Home burial. I wish to take my pet's body home. I am aware that I am responsible for city, county and state laws regarding disposal of pet.

_____ Paw print.

_____ Tattoo Picture of Paw

I have read and understand this authorization. I am over the age of 18. To the best of my knowledge, the information that I have provided is true. I understand that my wishes may be carried out immediately upon my signing this agreement. Fees for these services have been explained to me and I understand.

Owner Signature: _____ Date: _____

