

Pets at Peace

EUTHANASIA CONSENT FORM

Office Use Only

Log
AV
Card
Call

Owner's/Agent's Name _____ Date _____
Address _____ City/State _____ Zip _____
Home Phone _____ Additional Phone _____
Email Address _____
Animals Name _____ Species: __Dog__ Cat Other _____
Breed _____ Color _____ Age _____ Weight _____
Sex: ____ M ____ F ____ Spayed/Neutered
Primary Veterinary Clinic _____
Have any other veterinarians seen your pet within the last 3 years? _____
Veterinary Clinic/Hospital Name _____
How did you hear about us? _____

After Care Arrangement Options

_____ 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 my companion animal's body and understand caution should be taken when disposing of animals euthanized with drugs/chemicals.

_____ I wish to have Pets at Peace arrange for my companion animal's after care (check one):

- _____ Communal Cremation (no ashes returned)
_____ Private Cremation (ashes returned to me)

Request for Euthanasia

I certify I am the legal owner/duly authorized agent (circle one) for the owner of the companion animal described above and give Fran-Mak Enterprises LLC, d/b/a Pets at Peace and any authorized agents, staff, or representatives full and complete authority to euthanize and dispose of my companion animal in a humane manner. I forever release and hold harmless Fran-Mak Enterprises LLC, d/b/a Pets at Peace and any authorized agents, staff, or representatives from any and all liability for euthanasia and disposal of my companion animal.

To the best of my knowledge, the animal described above 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 must be performed.

I understand 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. I understand my wishes may be carried out immediately upon my signing this agreement. 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 Signature (circle one)

Date