

# Pets at Peace

## EUTHANASIA CONSENT FORM

Office Use Only

Log   
AV   
Card   
Call   
A \_\_\_\_\_  
K/T \_\_\_\_\_  
M \_\_\_\_\_  
X \_\_\_\_\_

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

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Additional Phone \_\_\_\_\_

Email Address \_\_\_\_\_

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

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

Sex:  M  F  Spayed/Neutered

Primary Veterinary Clinic \_\_\_\_\_

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 below):

\_\_\_\_\_ Communal Cremation (no ashes returned)

\_\_\_\_\_ Private Cremation (ashes returned to me)

Optional Memorials:  Clay Paw Print  Ink Paw Print  Ink Nose Print

### 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 F&M Vet Enterprises Inc, d/b/a Pets at Peace, Dr. MacKenzie (Manager) 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 F&M Vet Enterprises Inc, d/b/a Pets at Peace, Dr. MacKenzie (Manager) 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 fifteen (15) 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