

# Carbon County Veterinary Hospital

Warner McFarland, DVM ~ Amanda Shively, DVM ~ Lorna McPeek, DVM

## Companion/Small Animal Euthanasia Consent

### Client Information

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

(If you listed a PO Box, please give your street address too)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
\_\_\_\_\_

### Pet Information

Name: \_\_\_\_\_ Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_

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

Sex: Male: \_\_\_\_\_ Neutered: \_\_\_\_\_ Female: \_\_\_\_\_  
Spayed: \_\_\_\_\_

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described above, that I do hereby give Carbon County Veterinary Hospital, a veterinarian and his/her support staff, full and complete authority to end the life of said animal in the humane manner known as euthanasia. I acknowledge that Dr. \_\_\_\_\_ or his/her representative has met with me personally and discussed the euthanasia of my animal. I also certify that to the best of my knowledge that the said animal had not bitten any person or animal during the last fifteen (15) days and has not been exposed to Rabies. I wish to have my pet's body handles in the following manner:

\_\_\_\_\_ Paw Print ~ Carbon County Veterinary Hospital will create a paw print keepsake of my pet to take home with me. (F372).

\_\_\_\_\_ Private Cremation ~ Carbon County Veterinary Hospital will prepare and transport the remains of my pet to the cremation facility of their choice and the ashes will be returned to me.

\_\_\_\_\_ Communal Burial/Disposal ~ Carbon County Veterinary Hospital will prepare and transport the remains of my pet for burial/disposal.

\_\_\_\_\_ Private Burial ~ I will arrange for the aftercare myself. I understand that once an animal is euthanized, it must be properly disposed by deep burial, incineration, or other method in compliance with state and local laws. I understand that it is my full responsibility to learn the laws in my town, county, and/ or state.

I further understand that I assume all financial responsibility for all services rendered and that all fees are due at the time of service. Again, by signing this form I am giving my permission to end this animal's life and I have the authority to execute this consent.

Signature of Owner or Agent: \_\_\_\_\_ Date:

\_\_\_\_\_

*Taking Care of All God's Creatures*