At Home and At Peace

Euthanasia Consent Form

Owner’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Species: (circle one) (cat, dog, other)

Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Estimated Weight:\_\_\_\_\_\_\_\_\_\_\_\_\_

Color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Euthanasia (please circle one): Poor Quality of Life, Chronic Disease, Geriatric, Other

Primary Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about me: Internet Friend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After-Care

\_\_\_\_\_\_ Euthanasia Only. I wish to handle after care arrangements myself, $280

I wish to have At Home At Peace arrange for my pet's aftercare

\_\_\_\_\_\_\_ Euthanasia and Communal Cremation (no ashes returned), $340

\_\_\_\_\_\_\_ Euthanasia and Private Cremation with ashes returned to me in a wood urn, $440

\_\_\_\_\_\_\_ Clay Paws paw print memorial, $40

I certify that this pet has been in my custody and under my supervision and that to the best of my knowledge, has not bitten any person or animal or has not been exposed to rabies within the past 10 days. I certify that I am the owner or authorized agent for the owner of the pet described above. I authorize the euthanasia and if indicated the removal of the body of this pet. I agree to have the attending veterinarian choose a euthanasia protocol at her sole and exclusive discretion and have had all my questions and concerns regarding this process answered prior to signing this consent. I acknowledge that pets may have rare adverse or unexpected reactions from anesthesia or euthanasia medications.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_