

## Euthanasia Consent Form

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

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

City: \_\_\_\_\_ Zip \_\_\_\_\_ email: \_\_\_\_\_

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

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Gender: M F Spay Neuter

Reason for euthanasia: \_\_\_\_\_

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

How did you find out about us?: \_\_\_\_\_

### After-Care

\_\_\_\_\_ I wish to handle after care arrangements myself

I wish to have Dallas Home Euthanasia arrange for my pet's aftercare

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

\_\_\_\_\_ Private Cremation with ashes returned to me

\_\_\_\_\_ I wish to have a specific crematory provide my pet's cremation service

Name of Crematory: \_\_\_\_\_

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 of this pet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use

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\_\_\_\_cd \_\_\_\_fax \_\_\_\_bl/fb