

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

____xyl ____nal ____ace ____pent

____c ____ch ____cc

____cd ____fax ____bl/fb