



Euthanasia Consent Form

Owner's/Agent's Name _____ Date _____
Address _____ City/State _____ Zip _____
Home Phone _____ Additional Phone _____
Email Address _____
Pet's Name _____ Species: Dog Cat Other _____
Breed _____ Color _____ Age _____ Weight _____
Sex: M F Spayed/Neutered

How did you hear about our services? _____

Please list all veterinarians and pet care professionals who have seen your pet within the last 3 years:

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 a pet's body and understand caution should be taken when disposing of animals euthanized with drugs/chemicals.

_____ I wish to have Hampton Roads Veterinary Hospice PLLC arrange for my pet's aftercare (you must select one of the following):

- _____ Communal Cremation (no ashes returned)
- _____ Private Cremation with ashes returned to me

I certify that I am the legal owner/duly authorized agent for the owner of the animal described above, and do hereby give Dr. Carmack, Hampton Roads Veterinary Hospice PLLC, and any authorized agents, staff, or representatives full and complete authority to euthanize and handle after-care of said animal in a humane manner. I hereby forever release and hold harmless Dr. Carmack, Hampton Roads Veterinary Hospice PLLC, and any authorized agents, staff, or representatives from any and all liability for euthanasia and disposal of said animal.

Dogs, Cats and Ferrets: To the best of my knowledge, the dog, cat, or ferret described above has not bitten, scratched, or otherwise potentially exposed any person or other animal to rabies in the **past ten (10) days**. Other Species: To the best of my knowledge, the animal described above has not bitten, scratched, or otherwise potentially exposed any person or other animal to rabies in the past thirty (30) 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 that euthanasia is the act of ending the life of an animal in a painless way to prevent any unnecessary suffering. To the best of my knowledge, the information I have provided is accurate and complete. I understand that 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's (**circle one**) Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Printed Name: _____ Date: _____