



## EUTHANASIA CONSENT FORM

We at Parkland Veterinary Hospital understand all too well that pets are a treasured member of our family and that losing a loved one is a very emotional process. We deeply empathize with your situation and want to do all that we can to make the grieving process as sincere and serene as possible.

### OWNER AND PET INFORMATION

Owner Name \_\_\_\_\_

Pets Name: \_\_\_\_\_ Species: \_\_\_\_\_ Gender \_\_\_\_\_

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

### OWNER CONSENT / RELEASE

I have discussed the reasons for \_\_\_\_\_'s euthanasia with Dr. Paredes and I am completely satisfied that humane euthanasia is the appropriate course of action. I have also had the fees explained to me and accept responsibility for payment of these fees.

I authorize Parkland Veterinary Hospital, P.A. to perform humane euthanasia of \_\_\_\_\_ and the proper disposal of the body as agreed upon between Parkland Veterinary Hospital, P.A and me.

To the best of my knowledge, this pet:

- has not been exposed to any animal that is likely to have rabies
- has not bitten any person or animal in the past 14 days

I certify that I am the owner or authorized agent of the above-mentioned pet . I assume responsibility for the decision as well as all charges incurred for this animal.

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

### CREMATION OPTIONS

- MASS CREMATION (NO REMAINS BACK) \_\_\_\_\_
- PRIVATE CREMATION \_\_\_\_\_
- I WILL CARE FOR THE REMAINS \_\_\_\_\_

### ADDITIONAL OPTIONS

- I WOULD LIKE MY PET'S PAW PRINTS (Free of charge) \_\_\_\_\_
- I WOULD LIKE A LOCK OF MY PET'S HAIR (Free of charge) \_\_\_\_\_

#### OFFICE USE ONLY:

Veterinarian performing procedure: \_\_\_\_\_

Date and time pronounced: Date \_\_\_\_\_ Time \_\_\_\_\_

Comments/Reasons/other: \_\_\_\_\_