

Euthanasia Consent Form

Client name: _____ Phone: _____

Address: _____

Patient name: _____ Weight: _____

Breed: _____ Color: _____

_____ I take full responsibility for all after care arrangements myself. I am aware of any applicable laws and regulations regarding the burial of my pet's body and understand caution should be taken when disposing of animals euthanized with drugs/chemicals.

_____ I wish to have Hazelwood Pet Care arrange for my pets after care (check one):

_____ Communal Cremation (no ashes returned)

_____ Private Cremation (ashes returned: service provided by Friends Remembered Cremation Services)

I, the undersigned, certify that I am the legal owner (or authorized agent for the owner) of the animal described above and hereby give full authorization to Hazelwood Pet Care and its agents, staff, or representatives to euthanize and dispose of my companion animal in a humane manner. I understand that euthanasia is a compassionate act to prevent suffering and that I assume full responsibility for all associated fees. I further affirm that, to the best of my knowledge, my animal has not bitten or potentially exposed any person or other animal to rabies within 10 days. I release Hazelwood Pet Care and its representatives from any liability related to this process. I acknowledge that my wishes may be carried out immediately upon signing this form, and I have been fully informed and understand the procedures involved. I acknowledge that euthanasia is irreversible and that no further action will be possible after the procedure has been completed.

Signature: _____ Date: _____