

Consent Form for Euthanasia of a Pet

Owner Information:

Name: _____

Address: _____

Phone Number: _____

Email: _____

Pet Information:

Pet's Name: _____

Species (Dog/Cat/Other): _____

Breed: _____

Age: _____

Color/Markings: _____

Microchip/Tattoo (if applicable): _____

Veterinary Information:

Veterinarian's Name: _____

Clinic Name: _____

Clinic Address: _____

Phone Number: _____

Consent Statement:

I, the undersigned, being the owner (or authorized agent of the owner) of the pet described above, do hereby give my consent for the humane euthanasia of my pet by a licensed veterinarian. I understand that this procedure will be performed in a humane and compassionate manner, and once completed, my pet will not be able to be revived.

I confirm that this decision has been made voluntarily and in the best interest of my pet, considering its health, quality of life, and suffering. I understand that once this procedure is performed, it is irreversible.

Disposition of Remains (Please Select One):

- ☐ I wish to take my pet's remains home for private burial.
- ☐ I request communal cremation (no ashes returned).
- ☐ I request private cremation (ashes returned to me).
- ☐ Other (please specify): _____

Acknowledgments:

- ☐ I confirm that I have discussed alternative options with my veterinarian.
- ☐ I understand the euthanasia procedure and have had all my questions answered.
- ☐ I understand that payment is required at the time of service.

Owner/Authorized Agent Signature:

Signature: _____

Printed Name: _____

Date: _____

Veterinarian Confirmation:

I, the undersigned, confirm that I have explained the euthanasia procedure and options to the pet owner (or authorized agent) and have obtained informed consent.

Veterinarian's Signature: _____

Printed Name: _____

Date: _____

Witness (if applicable):

Witness Signature: _____

Printed Name: _____

Date: _____