



EUTHANASIA CONSENT FORM
Neffsville, (717) 569-5381

Date:

Owner:

Address:

Phone Number:

Pet Name:

Species: Breed:

Sex: Age: Color:

Email:

I, the undersigned, hereby state that I am the [legal owner/legally authorized representative of the legal owner] of the above listed pet and am authorized to make all medical decisions regarding this pet. I have declined any further care for the above pet and am hereby authorizing Till We Meet Again/Hospice and Home Euthanasia Services to euthanize the above listed pet.

I agree to have Till We Meet Again/Hospice and Home Euthanasia Services choose a euthanasia protocol at their sole and exclusive discretion and have had all my questions and concerns regarding this process answered prior to signing this consent. I attest that the above listed pet has not been exposed to rabies, has not bitten anyone, and has not displayed any signs of unusual attitude or aggression in the last 15 days.

It is my desire to provide for my pet decent and humane after-death care, complying with all legal requirements of the area. I authorize Till We Meet Again/Hospice and Home Euthanasia Services to take charge of my pet's remains in accordance with hospital policy, releasing the staff from any and all liability for performing said after-death care.

I request that this animal's remains be cared for in the following manner:

☐ Private cremation with return of ashes. I wish to have my pet individually cremated off-site.

☐ Cremation with no return of ashes. My pet's remains will not be returned to me.

☐ Home burial. I have been given a copy of proper home burial guidelines.

I have read and understand this consent.

Signature of Owner/Agent: _____

Date: _____