

EUTHANASIA CONSENT FORM

Owner's/Agent's Name _____ Date _____
Address _____ City/State _____ Zip _____
Home Phone _____ Additional Phone _____
Email Address _____
Companion Animals's Name _____ Species: _Dog; _Cat; Other _
Breed _____ Color _____ Age _____ Weight _____
Sex: _____ M _____ F _____ Spayed/Neutered
Please provide the name of the veterinary clinic/hospital that referred you to us:
Veterinary Clinic/Hospital Name _____ Veterinarian _____
Have any other veterinarians seen your companion animal within the last 3 years?
Veterinary Clinic/Hospital Name _____

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 my companion animal's body and understand caution should be taken when disposing of animals euthanized with drugs/chemicals.

_____ I wish to have Pgh Pets at Home arrange for my companion animal's after care (check one):

_____ Communal Cremation (no ashes returned)
_____ Private Cremation (ashes returned to me) ___delivered___ pick up___ mailed

I certify I am the legal owner/duly authorized agent (circle one) for the owner of the companion animal described above and give Pgh Pets at Home and any authorized agents, staff, or representatives full and complete authority to euthanize and dispose of my companion animal in a humane manner. I forever release and hold harmless Pgh Pets at Home and any authorized agents, staff, or representatives from any and all liability for euthanasia and disposal of my companion animal.

To the best of my knowledge, pet described above has not bitten, scratched and/or potentially exposed any person or other animal to rabies in the **past ten (10) 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 euthanasia is the act of ending the life of an animal in a painless way to prevent unnecessary suffering. To the best of my knowledge, the information I have provided is accurate and complete. I understand 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 Signature (circle one)

Date

Office Use Only

protocol

Clinician's signature

euthanasia\$ _____ cremation\$ _____ paw print\$ _____ misc\$ _____ total\$ _____

cash check V/MC Amex Disc Care credit
Pgh Pets at Home, LLC

Dr Tamara Padgelek, President