

## EUTHANASIA CONSENT FORM

<b>Date:</b> _____	<b>Pet's Name:</b> _____
<b>Owner:</b> _____	<b>Species:</b> _____ <b>Weight:</b> _____
<b>Address:</b> _____	<b>Sex:</b> _____ <b>Age:</b> _____
	<b>Breed:</b> _____
<b>Telephone Number:</b> _____	<b>Color:</b> _____

I certify that I am the legal owner or the authorized agent for the owner of the pet described above and give Green Cove Animal Hospital and any authorized agents, staff, or representatives full and complete authority to euthanize my pet. To the best of my knowledge, my pet has not bitten, scratched and/or potentially exposed any person or other animal to rabies in the past fifteen (15) days. I understand that if the animal described above has bitten or otherwise potentially exposed any person within that time specified, a Rabies test must be performed.

I understand and acknowledge after meeting personally with the Veterinarian that 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. Fees for these services have been explained to me and I assume full responsibility for all charges applicable to such services.

Owner's Signature: \_\_\_\_\_

### After Care Arrangement Options

- I will handle and take full responsibility for all aftercare arrangements myself. I am aware of the laws and regulations for the burial of my pet and understand caution should be taken when handling a pet that has been euthanized.
  
- I wish to have Green Cove Animal Hospital arrange for my pet's after care (check one):
  - Communal Cremation (no ashes returned)
  - Private Cremation (ashes returned to me)
  
- I would like a clay paw print keepsake **(additional paw print keepsakes are \$30.00 each)**

**Owners Name:** \_\_\_\_\_ **Owners Signature:** \_\_\_\_\_

**Witness Printed Name:** \_\_\_\_\_ **Witness Signature:** \_\_\_\_\_

*I, <user-friendly>, certify that I have humanly euthanized the patient described above in accordance with Florida law.*

**Veterinarian Printed Name:** \_\_\_\_\_ **Veterinarian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_