



Euthanasia Consent Form

Client's Name: _____ Pet's Name: _____

Species: _____ Gender: _____ Breed: _____

Phone: _____ Address: _____

We thank you for choosing The Visiting Vet, where your pet will be treated in a humane and caring manner. We ask that you review the following items, check the appropriate responses, verify that each is true, and initial each line before signing below.

_____ I understand that if I have questions, someone at The Visiting Vet will read this consent form to me. I certify that I am the owner or authorized agent of the pet described above.

_____ I certify that this pet (has / has not) been vaccinated for rabies within the last 3 years, and if required by public health authorities, I can produce records to substantiate such vaccination(s).

_____ I also certify that, to the best of my knowledge, this pet (has / has not) bitten a person or animal within the past ten days. I have been informed that if my pet has exhibited any clinical signs suggestive of rabies, state law and public health authorities may require that my pet be submitted to a diagnostic laboratory for analysis of the brain for rabies.

_____ I authorize staff members at The Visiting Vet to perform any procedures necessary for the humane euthanasia and disposal of the described animal.

_____ I request a group cremation.

_____ I request a private cremation with ashes returned in a cedar box.

_____ I request a private cremation with ashes returned in a special ordered urn.

Please provide engraving instructions if you are having the ashes returned(up to 3 lines):

Client Signature

Date