File No. _____ - _____

EUTHANASIA AND DISPOSITION CONSENT FORM

Pet Owner/Agent Name(s): _____

Address: _____

Phone: _____ Name(s) of others that live with pet: _____

Pet's Name: _____ Approx Age: _____ Est. Wt: _____ lb

Breed: _____ Color: _____ Circle one: Male/Female

Reason for euthanasia: _____

How did you find us? _____ Regular Vet (so we can update them): _____

After Care Arrangement Options (body disposition request)

☐ I will handle and take full responsibility for all after-care arrangements myself. I am aware that there are laws and regulations regarding the burial of my pet and understand caution should be taken when handling a pet euthanized with drugs/chemicals.

☐ I wish to have Dr. Kristen Maul arrange for my pet's after care (check one) (*additional fees apply)*

○ **Premium PrivateCremation** (ashes returned to me) ○ **Private** (no ashes returned)

Memorial items: Please select which included items you would like. Additional items can be requested on the right:

☐ Ink Paw Print- 2 included. Additional ($5 each): _____

☐ Clay Paw Print - 1 included w/ premium private only Additional ($25 ea): _____

☐ Hair clipping(s) (included) Additional: _____

☐ Please do not include memorial items

I certify I am the legal owner or authorized agent for the owner of the pet described above and give Dr. Kristen Maul full and complete authority to euthanize my pet. I forever release and hold harmless Dr. Kristen Maul any and all liability for euthanasia and aftercare. 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 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 humanely 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. I have carefully read and fully understand this form.

Owner/Agent Signature: _____ Date: _____