



## Euthanasia Consent Form

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

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Animal name: \_\_\_\_\_ Species: \_\_\_\_\_

I, the undersigned, certify that I am the owner (or an authorized agent for the owner), of the above animal. I hereby give Paola Veterinary Clinic, and any authorized agents or staff, full and complete authority to euthanize said animal in a humane manner. Furthermore, I release the doctor or representatives from any and all liability of said euthanasia.

To the best of my knowledge, the above animal has not bitten, scratched, or otherwise potentially exposed any person 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.

**Please indicate your decision for care of remains by selecting one of the following:**

- Take the body home immediately following euthanasia
- Cremation- ashes not returned- \$53.00
- Cremation- ashes will be returned to Paola Veterinary Clinic for pickup by owner- \$180-235 depending upon weight.

I understand that euthanasia is the act of ending the life of an animal in a painless way to prevent any unnecessary suffering. To the best of my knowledge, the information provided is accurate and complete. Fees and services have been explained to me, and I assume full responsibility for all applicable charges.

Signature: \_\_\_\_\_