

Consent Form for Euthanasia

Pet's Name:

Species:

Breed:

Color:

Age:

Weight:

Sex:

Please initial the appropriate option below for the pet you wish to have euthanized.

My pet has not bitten anyone

____ I certify that this pet has been in my custody and under my supervision and that, to the best of my knowledge, has not bitten any person or animal within the past 10 days.

My pet has or may have bitten a person or other animal

____ Currently vaccinated and has no clinical signs of rabies

I certify that, to the best of my knowledge, this pet has or may have bitten a person or animal within the past ten days and that he/she is currently vaccinated* for rabies. Based on the information provided by me and the physical examination performed by my veterinarian, I have been informed that this pet **has not exhibited any clinical signs suggestive of rabies.**

____ Currently vaccinated and exhibits clinical signs of rabies

I certify that, to the best of my knowledge, this pet has or may have bitten a person or animal within the past ten days and that he/she is currently vaccinated* for rabies. Based on the information provided by me and the physical examination performed by my veterinarian, I have been informed that this pet **has exhibited clinical signs suggestive of rabies** and because of this fact, state law requires that my pet be euthanized and his/her head submitted to a diagnostic laboratory for analysis of the brain for the rabies virus.

____ Not currently vaccinated for rabies

I certify that, to the best of my knowledge, this pet has or may have bitten a person or animal within the past ten days and that he/she is not currently vaccinated* for rabies. I have been informed that since this pet has not been vaccinated, state law requires that my pet be euthanized and his/her head submitted to a diagnostic laboratory for analysis of the brain for the rabies virus.

**An animal is currently vaccinated if it has been vaccinated with a three-year vaccine within the past three years (or in the last year if an annual vaccine was used) and such vaccine was administered to the animal at least thirty days prior to having bitten any person or animal.*

Disposition

I certify that I am the owner or authorized agent for the owner of the pet described above. I authorize a staff member of Animal Care Clinic to euthanize this pet, and determine appropriate disposition of this pet.

Disposition Options: Please Initial the appropriate option below

_____ **Home Burial:** I will be taking the remains of my pet for burial at home. **No Charge**

_____ **Disposition by Animal Care Clinic:** I authorize Animal Care Clinic to determine appropriate disposition of the remains of my pet. **No Charge**

_____ **Cremation with NO Ash Return: \$30**

_____ **Private Cremation with NO Ash Return: \$50**

_____ **Private Cremation WITH Ash Return: Price to be determined by Cremation Service***

**Private Cremations with Ash Return range \$120-\$200 for average sized animals. Extra large animals, or extra services (paw print moldings, upgraded urns, etc...) will incur additional charges.*

Signature of Owner or Agent

Date