

TRAILS WEST VETERINARY

CONSENT FOR EUTHANASIA

OWNERS NAME		PET'S NAME	
MAILING ADDRESS		SPECIES/BREED	
CITY/STATE/ZIP		SEX	
PHONE		COLOR	
EMAIL		AGE	

I, the undersigned, do hereby certify that I am the legal owner or authorized agent for the owner, of the animal described above, and I have the authority to execute this consent. I do hereby give, Gaelin Arbios DVM, her agents, servants, and representatives full and complete authority to euthanize the said animal in whatever manner the said Doctor, her agents, servants, or representatives shall deem fit.

I do hereby forever release the said Doctor, her agents, servants, or representatives from all liability for euthanizing the said animal.

I do also certify that the said animal has not bitten any person or animal during the last thirty (30) days and, to the best of my knowledge, has not been exposed to Rabies.

Please notify my regular veterinarian at _____ about today's procedure.

INITIAL ONE OPTION BELOW

___ I am requesting transport of my pet's remains to the crematorium for a **PRIVATE cremation.**

___ I am requesting transport of my pet's remains to the crematorium for a **GROUP cremation.**

I UNDERSTAND THAT NO CREMATION FEES ARE INCLUDED IN TODAY'S INVOICE. YOUR CONTACT INFORMATION WILL BE PROVIDED TO THE CREMATORIUM AND THEY WILL CONTACT YOU REGARDING CREMATION FEES AND SERVICES AVAILABLE. _____ (initials)

___ I will be responsible for disposing my pet's remains.

I am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent.	
Signature and date	
Printed name	