

LaCava's Mobile Veterinary Service, LLC  
Euthanasia Consent Form

Owner/Agent name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State/Zip code  
Phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Breed: \_\_\_\_\_ Approx weight \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Color/markings: \_\_\_\_\_

**Has your animal bit anyone in the last 15 days? Circle: Yes No**

If, yes Rabies testing must be performed if the animal was unvaccinated or overdue for Rabies vaccination. If animal was fully vaccinated, and the person/animal that was bitten is not a Rabies suspect then disposal of the animal is at the owner's discretion.

**Is your animal current on a Rabies vaccination? Circle: Yes No**

I would like the remains of my beloved animal:

\_\_\_\_ Left with me, and I will bury my pet at home. I am responsible for disposing of my pet in accordance with local laws and ensuring public safety.

\_\_\_\_ Cremated in a group of other pets, I will not get ashes back.

\_\_\_\_ Individually cremated by Final Gift and I will pick up my pet's ashes at 3 Hickory Hill Rd. Brookfield, CT. 06804 (LaCava's Mobile Veterinary Service, LLC business address)

**PLEASE CIRCLE URN SELECTION FROM CHOICES BELOW:**



As a courtesy, LaCava's Mobile Veterinary Service will fashion a personalized clay pawprint of my animal.

**Would you like a clay paw print? Circle: Yes No**

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described above, that I do hereby give Dr. Cassandra LaCava and her employees or representatives, full and complete authority to end the life of said animal in whatever humane manner they deem appropriate. I hereby forever release Dr. Cassandra LaCava of LaCava's Mobile Veterinary Service, LLC and any authorized agents, staff, or representatives from any and all liability for euthanasia and disposing of said animal.

I acknowledge that Dr. Cassandra LaCava has met with me personally and fully discussed the euthanasia of said animal. I further understand that I assume financial responsibility for all services rendered. Again, by signing this form I am giving permission to end this animal's life and I have the authority to execute this consent.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date