

LaCava's Mobile Veterinary Service, LLC
Euthanasia Consent Form

Owner's 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.

Was 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.

____ 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:



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

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 acknowledge that Dr. Cassandra LaCava has met with me personally and fully discussed the euthanasia of my 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