**EUTHANASIA & DISPOSITION CONSENT FORM**

Owner (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City, State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Sex: M F Approx. Wt:\_\_\_\_\_\_

Reason for euthanasia\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary veterinary clinic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who referred you to us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I am the owner, or authorized agent of the owner, for the above-named animal and I hereby give In-Home Euthanasia/Dr. Christine Maxfield permission to humanely euthanize my pet. Arrangements for aftercare will be based on the wishes of the owner/agent and documented below. I release the above-named animal to Dr. Maxfield for (please check appropriate boxes):

* Euthanasia

BODY DISPOSITION

* I choose to retain my pet for burial or will make my own arrangements for cremation.
* I choose group cremation through Forget-Me-Not Pet Crematory (ashes will not be returned)
* I choose private cremation through Forget-Me-Not Pet Crematory &
	+ I will pick up the ashes at the crematory
	+ Ship ashes via USPS ($35)
	+ Return to my veterinarian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Urn (complementary bamboo urn is included)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Paw Prints: I would like # \_\_\_\_Ink Paw Prints ($25/ea) and # \_\_\_\_ Clay paw prints ($25/ea)—***through Forget-Me-Not only***

To the best of my knowledge, this animal has not bitten any human or other animal within the last 10 days (this is a legal point regarding Rabies). All my questions regarding the procedure itself, aftercare, and fees have been answered. I understand that payment is due at the time of service and will be collected prior to the procedure.

**Owner/Agent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**