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):

- o Euthanasia

BODY DISPOSITION

- o I choose to retain my pet for burial or will make my own arrangements for cremation.
- o I choose group cremation through Rainbow Bridge Pet Aquamation (NO ASHES RETURNED)
- o I choose private cremation through Rainbow Bridge Pet Aquamation &
  - ➢ I would like my pet placed in a Euthabag ($50)
    - o I will pick up the ashes at the crematory in Worcester, MA
    - o Ship ashes via USPS ($25)
- o Urn (complementary urn is included)_____
- o I would like # ____Ink Paw and/or Nose Prints ($20/ea) and/or # ____ Clay paw print($20/ea)—

Through RB Pet Aquamation only

- o I understand that any personal items sent with my pet will be returned to me at pickup or will be donated.

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_____