



A Pet's Circle of Life

Pet Euthanasia

Consent Form

Owner: _____

Address: _____

City: _____ Zip Code: _____

Phone (H): _____ (C): _____

Email: _____

Pet's Name: _____ Age: _____ Wt: _____

Breed: _____ Color: _____

Sex: Male Female Spayed or Neutered: Yes No

Reason for Euthanasia: _____

Your Veterinarian: _____ Phone: _____

Name of Vet Clinic: _____

We will notify your veterinarian of the passing of your pet so that they may update their records. If you **DO NOT** wish for us to contact your veterinarian please indicate by **initialing here** _____.

I would like to handle payment **BEFORE** / **AFTER** the procedure.

I am the owner (or the owner's authorized agent) of the pet described above. I consent to and request euthanasia to be performed on this pet, forever releasing **A PET'S CIRCLE OF LIFE** and **Dr. Audrey Clifton** and staff from any and all liability for performing said euthanasia. To the best of my knowledge the pet has not bitten any human or animal in the 30 days prior to this date.

It is my desire to provide for my pet a decent and humane after death care, complying with all legal requirements of the area. I authorize the attending veterinarian and staff to take charge of my pet's remains in accordance with practice policy, releasing the practice, veterinarians, and agents from any and all liability for performing such aftercare as designated on "Aftercare Arrangements" form. All questions regarding the euthanasia procedure and any associated fees have been answered fully.

Signature: _____ Date: ____ / ____ / ____