

**EUTHANASIA and DISPOSITION CONSENT FORM**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Animal's Name: \_\_\_\_\_ Sex: M F Spayed/Neutered? Yes No

Breed: \_\_\_\_\_ Approx. Age: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Primary veterinarian(s): \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

If seen online, circle all that apply: *Directory listing by state; Google/bing search; Yelp; Other*

We will send a fax to your veterinarian to update them about your pet's passing. Is there anyone else you would like us to notify? \_\_\_\_\_

**BODY DISPOSITION REQUEST**

\_\_\_\_\_ I will arrange my own aftercare service. If I choose to bury my pet at home, I understand it is my responsibility to contact my local city for regulations.

\_\_\_\_\_ Common burial (unmarked communal grave on protected pet cemetery grounds)

\_\_\_\_\_ Common cremation (ashes are buried on protected pet cemetery grounds)

\_\_\_\_\_ Private cremation (return of ashes in a cherry box with engraved name plate)

I would prefer the remains to be: \_\_\_\_\_ Shipped (signature required)  
\_\_\_\_\_ Personally delivered (where available)  
\_\_\_\_\_ I will pick them up at the crematory

Engraving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Clay Paw Print Keepsake (Included w/ private cremation. \$20 w/ common cremation or burial)

--I certify that I am the owner or authorized agent of the owner, for the above name animal and hereby give A Gentle Farewell and its Doctors full and complete authority to perform euthanasia (humanely terminate life) of my pet. Arrangements for aftercare will be based on the wishes of the owner/agent and documented above.

--To the best of my knowledge, the information I have provided on this form is true. I do also certify that this animal has not bitten any human or other animal within the last 10 days (this is a legal point regarding Rabies).

Owner/Agent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Sedation: \_\_\_\_\_ Euthanasia \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Clinician's signature \_\_\_\_\_ D\_\_ F\_\_ C\_\_ Asst \_\_\_\_\_

A Gentle Farewell P.O. Box 308 Elyria, OH 44035 440-452-3422

Euthanasia \$ \_\_\_\_\_ Aftercare \$ \_\_\_\_\_ Misc \$ \_\_\_\_\_ Total \$ \_\_\_\_\_ Cash Check Credit