

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 veterinary hospital(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 via UPS (signature required)

_____ I will pick them up at the crematory

Engraving – *Default will be pet name and current year. May include birth/death date if desired.*

NAME: _____

DATE(S): _____

_____ Clay Paw Print Keepsake (Included w/ private cremation. \$40 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 ___ K ___ \$ ___ Asst _____

A Gentle Farewell	AGentleFarewell.com	440-452-3422
Euthanasia \$ _____	Aftercare \$ _____	Misc \$ _____ Total \$ _____ Cash Check Credit