

Veterinary Euthanasia Consent & Aftercare Authorization

Please complete this form to authorize humane euthanasia and provide aftercare instructions for your pet. Your responses help us ensure compassionate, respectful care.

Owner Information

Please provide your contact details and your relationship to your pet.

Owner's Full Name *

Phone Number *

Email Address

Relationship to Pet (e.g., Owner, Caregiver) *

Pet Information

Tell us about your pet to ensure accurate identification and care.

Pet's Name *

Species (e.g., Dog, Cat, Other) *

Breed

Age (years)

Color/Markings

Microchip Number (if applicable)

Reason for Euthanasia

Please help us understand the circumstances leading to this decision.

Reason for Requesting Euthanasia *

Has a veterinarian examined your pet for this condition? *

- Yes
- No

Is your pet currently suffering or experiencing a decline in quality of life? *

- Yes
- No

Additional Notes or Personal Message (optional)

Informed Consent for Euthanasia

Please confirm your understanding and consent by checking all statements below.

Please confirm all statements below: *

- I am the legal owner or authorized agent for this pet and have the authority to request euthanasia.
- I understand the euthanasia procedure and its finality.
- I give my informed consent for humane euthanasia of my pet.
- I understand the health and safety protocols involved.
- I acknowledge the right of the veterinarian to refuse euthanasia if deemed inappropriate.

Recent Bite or Rabies Exposure Screening

For public health and safety, please answer the following.

Has your pet bitten or scratched anyone in the past 10 days? *

- Yes
- No

If yes, please provide details (person bitten, date, circumstances):

Is your pet current on rabies vaccination? *

- Yes
- No
- Unknown

Aftercare & Remains Handling

Please select your preferred aftercare option and memorial preferences.

Aftercare Option *

- Private cremation (ashes returned)
- Communal cremation (ashes not returned)
- Home burial (where permitted)
- Other

Memorial Options (select any that apply):

- Clay paw print
- Lock of fur
- Nose print
- Other

Special Instructions or Requests (optional)

Personal Belongings

Let us know about any items left with your pet.

Are you leaving any personal belongings (collar, blanket, toy) with your pet? *

- Yes
- No

If yes, please describe the items:

Release of Liability

Please review and acknowledge the following statements.

Please confirm all statements below: *

- I release the veterinary practice and staff from any liability related to the euthanasia and aftercare of my pet.
- I confirm that all information provided is accurate to the best of my knowledge.

Signature Section

Please sign and date below. A staff witness will also sign this form.

Printed Name of Owner/Agent *

Signature (type your name as signature) *

Date *

Printed Name of Staff Witness *

Staff Witness Signature (type name as signature) *

Date (Staff Witness) *