

McPherson Veterinary Services
Euthanasia Consent

Client/Patient Information

Owner : _____

Address : _____

Phone Number : _____

Pet's Name : _____

Breed : _____

Age : _____

Color : _____

Weight : _____

Species : **CANINE**

FELINE

Aftercare Preferences

Please select an option by initialing beside it

Private Cremation (ashes returned to you) _____

General Cremation (ashes not returned) _____

Private Burial (take the body home with you) _____

I certify I am the legal owner/authorized agent for the owner of the animal described above and give McPherson Veterinary Services full and complete authority to euthanize and dispose of my animal in a humane manner. I release McPherson Veterinary Services and staff from any and all liability for euthanasia and disposal of my animal. To the best of my knowledge, the animal described above has not bitten, scratched and/or potentially exposed any person or other animal to rabies in the past ten (10) days. I understand that if the animal described above has bitten or otherwise potentially exposed any person within the time specified, a rabies test must be performed. I understand euthanasia is the act of ending the life of an animal in a painless way to prevent unnecessary suffering. To the best of my knowledge, the information I have provided is accurate and complete. I understand my wishes may be carried out immediately upon my signing this agreement. Fees for these services have been explained to me, and I assume full responsibility for all charges applicable to such services. I have carefully read and fully understand this consent.

Owner Signature

Date