



## Euthanasia Consent Form

Owner's/Agent's Name \* Date   
Pet's Name  Weight

### After Care Arrangement Options

I elect to bury my pet at home. I am aware of any applicable laws and regulations regarding the burial of a pet's body and understand caution should be taken when disposing of animals euthanized with drugs/chemicals or if there is concern for Rabies, if they have been bitten.

I will arrange for my pet's aftercare by contacting the crematorium of my choice.

I certify that I am the legal owner/duly authorized agent for the owner of the animal described above and do hereby give Caring Hands Pet Hospice and any authorized agents, staff, or representatives full and complete authority to euthanize and dispose of said animal in a humane manner. I hereby forever release and hold harmless Caring Hands Pet Hospice and any authorized agents, staff, or representatives from all liability for euthanasia and disposal of said animal.

To the best of my knowledge, my pet has not bitten, scratched, or otherwise 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 that euthanasia is the act of ending the life of an animal in a painless way to prevent any unnecessary suffering. To the best of my knowledge, the information I have provided is accurate and complete. I understand that 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 the foregoing provisions.

Owner/Agent's (circle one) Signature: \* [Click here to sign](#) Date: Jul 12, 2023

Owner/Agent Print Name:

Witness Signature: \* [Click here to sign](#) Date: Jul 12, 2023

Witness Printed Name: