



Loving Goodbyes

Euthanasia Consent Form

Owner's Name: _____ Date: _____
Address: _____ City: _____ Zip: _____
Phone: _____ email: _____

Pet's Name: _____ Cat / Dog Breed: _____ Age: _____
Weight: _____ Color: _____ Gender: M / F Spay/Neuter
Reason for euthanasia: _____
Primary Vet: _____ Phone: _____
How did you find out about us?: _____

- I certify that, to the best of my knowledge, this pet has not bitten any person or animal or has not been exposed to rabies within the past 10 days.
- I certify that I am the owner or authorized agent for the owner of the pet described above.
- I understand euthanasia is the act of ending the life of an animal in a painless way to prevent unnecessary suffering. I authorize the euthanasia of this pet.
- Fees for these services have been explained to me, and I assume full responsibility for all charges applicable to such services.
- To the best of my knowledge, the information I have provided is accurate and complete. I have carefully read and fully understand the foregoing provisions.

Signature: _____ Date: _____

After Care Consent

____ **I wish to handle aftercare arrangements myself :** It is my obligation to confirm that home burial is legal in my area. I understand that my pet should be buried away from water sources and a minimum of 4ft deep.

Signature _____

I wish Loving Goodbyes to provide aftercare for me: Cremation will be provided through Loving Goodbyes by Animal Memorial Service.

____ I elect communal cremation in which cremains will NOT be returned. Signature _____

____ I elect private cremation, in which I will receive my pets private cremains in the urn of my choice as listed below. Urn selection: _____ Engraved nameplate: _____

Signature _____

****Receipt of cremains by pet parent. Signature _____ Date _____****

____rom ____tel ____ket ____torb
____ace ____dom ____pent ____not ____sc ____log