

At Home Pet Farewells

Dr Tiffany Bogart

727-255-4363

CONSENT FORM EUTHANASIA and DISPOSITION

Name and Address _____ Ph# _____

Referral: _____

Animal's Name: _____ M F Altered _____ Breed: _____

color _____ Age: _____ Weight: _____

Veterinary Clinic: _____

Presenting Condition: _____ Comments: _____

I certify that I am the owner or authorized agent of the owner, for the above named animal. In being the owner/agent for this animal, I do hereby give The Vet Clinic, Inc dba At Home Pet Farewells and Dr Tiffany Bogart full and complete authority to perform euthanasia services. Arrangements for aftercare will be based on the wishes of the owner/agent and documented below. I release the above named animal to The Vet Clinic, Inc dba At Home Pet Farewells for:

Euthanasia – humanely terminate life _____ Signature

BODY DISPOSITION REQUEST

choose to retain my pet for burial. (*I am aware of any applicable laws and regulations regarding home burial*). _____ Signature

choose communal cremation (additional charge) _____ Signature
(cremains will not be returned)

choose private cremation (additional charge) _____ Signature

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, seriously scratched, or exposed anyone to rabies within the past 14 days. I understand that my wishes will be immediately carried out upon signing this agreement. Fees for these services have been explained to me and will be collected at time of service.

Owner/Agent signature _____ Date _____

Office Use Only

Telazol (mls) _____ Butorphenol (mls) _____ Ketamine(mls) _____ Beuthanasia-D(mls) _____

