



### EUTHANASIA CONSENT FORM

Date:

Client:

Pet:

Age:

Weight:

Species:

Phone:

rDVM:

I, the undersigned, do certify that the owner of the animal named above granted 4 Paws Farewell verbal permission to euthanize the named animal above in a humane manner. I certify that the owner of the animal named above has verified that this pet has not bitten any person or animal in the last 15 days and to the best of their knowledge has not been exposed to rabies.

Signature\_\_\_\_\_

Home Burial \_\_\_\_\_ Initial

Communal Cremation: \_\_\_\_\_ Initial

Communal Cremation with Ashes to be Scattered in Memorial Garden at Peaceful Paws Pet Cremation Center

I, do certify the owner of the animal named above authorized communal cremation, whereby this pets ashes will be scattered in a memorial garden at Peaceful Paws Pet Cremation Center.

Private Cremation: \_\_\_\_\_ Initial

Individual Pet’s Ashes to be cremated separately, and returned to pet parent at the agreed upon location (regular veterinary office) within 14 days.

I, do certify the owner of the animal named above authorized private cremation, whereby this pet will be cremated individually at Peaceful Paws Pet Cremation Center and returned as described above.

4 Paws Farewell Mobile Pet Hospice and Home Euthanasia (828)707-4231