



*"Where a Healthy Pet is a Happy Pet"*

## Euthanasia Form

Owners Name \_\_\_\_\_ Phone# \_\_\_\_\_

Pet's Name \_\_\_\_\_ Species \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_

Color \_\_\_\_\_ Sex \_\_\_\_\_

### After Care Arrangement Options

\_\_\_\_\_ I will handle and take full responsibility for all after care arrangements myself.

\_\_\_\_\_ I wish to have Happy Pets Animal Hospital arrange for my pet's aftercare  
(you must select one of the following):

\_\_\_\_\_ Communal Cremation (no ashes returned)

\_\_\_\_\_ Private Cremation with ashes returned to me

I certify that I am the legal owner/authorized agent for the owner of the animal described above, and do hereby give the doctor (s) of Happy Pets Animal Hospital and any authorized staff, full and complete authority to euthanize and dispose of said animal in a humane manner.

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_