



#4 420 Allan Street
Red Deer, Alberta
T4R 2K7

Date _____
Weight _____

Consent to Perform Humane Euthanasia

Client Name _____
Address _____
Contact Number(s) _____

Pet's Name _____
Breed _____ Age _____ Color _____

I, the above named, am the owner (or duly authorized agent for the owner) of the animal described above. I hereby consent to, and order euthanasia (humane death) to be performed on this animal. I have discussed the reasons for euthanasia with a veterinarian or other agent and am satisfied that this is the appropriate course of action for this animal.

To the best of my knowledge, this animal has not bitten any person or animal in the last fifteen days and has not been exposed to rabies.

It is my desire to provide for my pet decent and humane after death care, complying with all legal requirements of the area. I authorize the attending veterinarian and staff to take care of my pet's remains in accordance with hospital policy, releasing the hospital, veterinarian, and agents from any and all liability for performing said after death care, with the following stipulations included:

Keepsake Option

Pawpal Keepsake Impression

Care of Remains

Please indicate your decision for care of your pet's remains

Option 1 General Cremation – Ashes are NOT returned to owner

Option 2 Private Cremation – Ashes ARE returned to owner

Scatterbox _____

Urn # _____

Option 3 Hold remains pending my decision

NOTE – If I have not informed the hospital of my **decision within 7 days**, I authorize **general cremation**.

Care of Belongings

In the event that my pet's belongings are left in clinic, please return to owner:

- Collar
- Leash
- Bed
- Kennel
- Blanket
- Clothing

Signature _____

Date _____