

Euthanasia Authorization Form



Guardian Name _____ Phone _____

Co-Guardian Name: _____ Phone _____

Owner
Address _____

Street City State Zip

Name of Pet _____ Regular Veterinarian _____

Dog ___ Cat ___ Other ___ Breed _____ Sex : M or F Age _____ Color _____

I, the undersigned, am the guardian (or duly authorized agent for the owner) of the animal described above. I hereby give the employees and representatives of At Home Veterinary Services, full and complete authority to euthanize this animal, and I release them from any and all liability for the euthanasia of said animal. I further understand that I assume all financial responsibility for all services rendered and full payment is due before or at the time of service.

I also certify that to the best of my knowledge, the animal has not bitten any person or animal during the last 15 days, and has not been exposed to rabies.

I authorize the attending veterinarian and staff to take charge of my pet's body in accordance with my wishes as detailed below.

PLEASE INDICATE YOUR WISHES FOR THE AFTERCARE OF YOUR PET BELOW:

_____ Please leave my pet's body with me. I have made my own aftercare arrangements.

_____ Please have Family Animal Services perform a General Cremation.
My pet's ashes will not be returned to me.

_____ Please have Family Animal Services perform an Individual Cremation.

OTHER SERVICES (the options below can be in addition to either General or Individual Cremation):

_____ I would like Family Animal Services to make a clay paw print. (\$45)

_____ I would like At Home Veterinary Services to make an ink paw print (\$0)

_____ I would like At Home Veterinary Services to make a fur clipping (\$0)

PLEASE RETURN MY PET'S ASHES and/or CLAY PAW PRINT AS INDICATED BELOW:

_____ I would like to pick up my pet's ashes/ clay paw print from At Home Veterinary Services in Tigard.

_____ I would like to pick up my pet's ashes/ clay paw print from Family Animal Services in Northeast Portland.

_____ I would like my pet's ashes/ clay paw print mailed to me from Family Animal Services. (\$30)

SIGNED _____ DATE _____

At Home Veterinary Services Use Only									
CID	SC	rDVM	FAS-LOG	DL	INV	STATUS	TRELLO	SCAN	
E	But	Xyl	Ace	Ket	Mid	Dex			