



EUTHANASIA CONSENT FORM

First and Last Name

Mailing Address

City, State and Zip Code

Phone

I, the undersigned, am the owner (or duly authorized agent of the owner) of the animal:

Pet's Name, breed, age

I verify that the above animal has not bitten any person or animal during the last ten (10) days and to the best of my knowledge has not been exposed to rabies. I request and consent to humane euthanasia for my pet understanding that humane euthanasia causes death and is irreversible. I release Dr. Julie Stafford and 2 Tails Veterinary Services LLC from any and all claims arising from or connected with this life-ending procedure and the subsequent care of my pet's remains.

It is my desire to provide the following aftercare for my pet and understand that I am responsible for associated costs:

- Private cremation with ashes saved (pet is solitary animal in crematorium)
- Semi private cremation with ashes saved (pets are walled off and no mixing of ashes will occur)
- Group cremation with keepsake ashes
- Group cremation with no ashes saved

I would or would not like a keepsake pawprint to be done on my pet (for cremation services only).

- Pet is to be buried on premises

X

Signature