



**EUTHANASIA CONSENT FORM**

I certify that I am the legal owner or duly authorized agent (circle one) of the animal described above, that I am 18 years of age or older, and that I give Dr. \_\_\_\_\_, Coats Veterinary Hospital and any authorized agents, staff, servants or representatives full and complete authority to humanely euthanize said animal; and I hereby forever release Coats Veterinary Hospital and any authorized agents, staff or representatives from any and all liability for euthanasia of said animal.

I do also certify that to the best of my knowledge the said animal has not bitten any persons or animal during the last fifteen (15) days and has not been exposed to the rabies virus.

Owner/Agent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**AFTERCARE ARRANGEMENT**

\_\_\_\_\_ I request home burial and will take full responsibility for all aftercare arrangements. I understand that local laws on burial may apply. (Please check whether you prefer a burial box or a biodegradable burial bag.)

\_\_\_\_\_ Burial Box, No charge

\_\_\_\_\_ Burial Bag, \$36

\_\_\_\_\_ Communal cremation at Eastern Carolina Pet Cremations with **ashes not returned**, \$60.00

\_\_\_\_\_ Private individual cremation at Eastern Carolina Pet Cremations, with pet's **ashes returned**.  
0-29 pounds \$155                      Over 30 pounds \$205

\_\_\_\_\_ Keepsake Memorial Paw Print, \$30

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( ) Form completed by veterinarian upon verbal consent of Owner/Agent, with a witness to Owner/Agent's verbal consent.

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Veterinarian signature

( ) Owner unavailable, form completed by veterinarian. Documentation of attempts to contact owner are retained in file.

\_\_\_\_\_  
Veterinarian signature

In-hospital Use:  
\_\_\_\_\_ O present    \_\_\_\_\_ O to wait                      \_\_\_\_\_ Tag                      \_\_\_\_\_ Call ECPC