

**Clint Green, DVM**

 **207 S. 4th Avenue**

 **Hartford, AL 36344**

 **334-588-2030**

***Euthanasia Consent Form***

***Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_***

***Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_***

***Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Species: \_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

I certify that I am the owner (or person responsible for) the patient described above. I give the doctor and his assistants complete authority to euthanize the patient in whatever manner they recommend. I understand that the patient will be treated humanely. I release the doctor and his assistants from any liability for euthanizing this patient.

I also certify that this patient has not bitten any person or animal in the past 15 days and to the best of my knowledge has not been exposed to rabies.

**Owner/Responsible Part Signature: Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Price for Euthanasia:**

Up to 44lbs- 44lbs and Above-

**\*Handling Requests (please initial one):**

\_\_\_\_\_\_ Take home remains \_\_\_\_\_\_ Communal (No ashes returned)

**Peaceful Pet Cremation:**

Aquamation- a water-based process that is an eco-friendly alternative to flame cremation. Remains can take up to a week to be returned.

 All packages come with:

\*1 Clay Paw Print \* Tuft of Fur

\*1 Inked Nose Print \* Ashes are returned in a cherry wood box urn

\_\_\_\_\_\_\_ Pkg 1 (0-20lbs) – \_\_\_\_\_\_\_ Pkg 3 (41-70lbs)- \_\_\_\_\_\_\_ Pkg 2 (21-40lbs)- \_\_\_\_\_\_\_ Pkg 4 (71 + lbs)-

***\*\*\*\* Please Call Ahead For Pricing \*\*\*\****