EUTHANASIA CONSENT FORM

OWNER DETAILS

Owner's name

Address

Home telephone

Mobile telephone

PERSON ACTING ON BEHALF OF OWNER (IF APPLICABLE)

Full name

Address

Home telephone

Mobile telephone

PET DETAILS

Name

Colour

Age

Weight

Sex / neuter status

- [ ] Male
- [ ] Female
- [ ] Neutered male
- [ ] Neutered female

Microchip / tattoo / brand

Usual Vet Practice

CONSENT AND AFTERCARE

I request the euthanasia of the pet described above. I have discussed the available aftercare options and indicate my preference below.

- [ ] Home burial
- [ ] Individual cremation with return of ashes
- [ ] Scatter tube
- [ ] Wooden casket
- [ ] Communal cremation without return of ashes

Cost of euthanasia and aftercare (including VAT) GBP

- [ ] I confirm I have authority to act on behalf of the owner (if not the owner).
- [ ] I am under 18 years of age.

Signature (type full name)

Date of signature

Please complete, save and return this form before your appointment.