Euthanasia Consent Form

Name: _____ Ph#: _____

Address: _____ Email: _____

_____

Pet's Name: _____ Sex: M F Breed: _____

Approximate Age: _____ Approximate Weight: _____

Regular Veterinary Clinic:_____

How did you hear about us? _____

Presenting Condition(s):

_____

I certify that I am the owner or authorized agent of the owner, for the above-named animal. In being the owner/agent for this animal, I do hereby give Kona's Loving Paws full and complete authority to perform euthanasia services. Arrangements for aftercare will be based on the wishes of the owner/agent and documented below. I release the above-named animal to Kona's loving paws for:

◯ Euthanasia – humanely terminate life ($325)

BODY DISPOSITION REQUEST

◯ I choose to retain my pet for burial (free)

◯ I choose Private cremation (ashes will NOT be returned): $200

◯ I choose Premium Private cremation (ashes returned in engraved urn, paw print, fur clipping): $250

To the best of my knowledge, the information I have provided on this form is true. I do also certify that this animal has not bitten, seriously scratched, or exposed anyone to rabies within the past 10 days. I understand that my wishes will be immediately carried out upon signing this agreement. Fees for these services have been explained to me and will be collected prior to the time of service.

Owner/Agent signature _____ Date_____