



In Loving Arms - Euthanasia Consent Form

Owner's Name(s): _____ Date: _____
Address: _____ City/State: _____ Zip: _____
Phone: _____ Email Address: _____
Pet's Name: _____ Species: Dog ____ Cat ____
Breed: _____ Color: _____ Age: _____ Weight: _____
Sex: M ____ F ____ Spayed/Neutered ____
Please provide the names of the veterinary hospitals that have recently provided care for your pet:

How did you learn about In Loving Arms? _____

Aftercare Arrangement Options

_____ I will handle and take full responsibility for all aftercare arrangements myself. I am aware of any applicable laws and regulations regarding the burial of my pet's body and understand caution should be taken when disposing of animals euthanized with drugs/chemicals.

_____ I wish to have Dr. Tracy Rohrer, In Loving Arms, arrange for my pet's aftercare:

- _____ Communal Cremation (no ashes returned)
- _____ Partitioned Cremation (ashes returned to me)
- _____ Private Cremation (ashes returned to me)

I certify I am the legal owner/duly authorized agent for the owner of the companion animal described above and give Dr. Tracy Rohrer, In Loving Arms, and any authorized agents, staff, or representatives full and complete authority to euthanize and dispose of my companion animal in an humane manner. I forever release and hold harmless Dr. Tracy Rohrer, In Loving Arms, and any authorized agents, staff, or representatives from any and all liability for euthanasia and disposal of my companion animal.

To the best of my knowledge, the dog or cat described above has not bitten, scratched and/or potentially exposed any person or other animal to rabies in the **past ten (10) days**.

I understand that if the animal described above has bitten or otherwise potentially exposed any person within the time specified, a rabies test must be performed.

I understand euthanasia is the act of ending the life of an animal in a painless way to prevent unnecessary suffering. To the best of my knowledge, the information I have provided is accurate and complete. I understand my wishes may be carried out immediately upon my signing this agreement. Fees for these services have been explained to me, and I assume full responsibility for all charges applicable to such services. I have carefully read and fully understand the foregoing provisions.

Owner/Agent Signature

Date

Tracy Rohrer DVM *(707) 302-9884 * inlovingarmsnapa@gmail.com * www.inlovingarmsnapa.com