

Transitions Veterinary Services

Euthanasia and Care of Remains Consent Form

Dear Client,

I understand this is a very difficult time for you and your family, however I must ask you to take a moment to fill in this form before I may legally euthanize your pet and/or take possession of his/her remains.

I, _____, do hereby authorize Transitions Veterinary Services to perform euthanasia and/or take possession of the remains of my pet. I fully understand that this procedure is final and cannot be reversed. I hereby relieve Transitions Veterinary Services of any and all liability related to the performance of this procedure.

Pet's name _____

Species Canine: _____ Feline: _____ Other: _____

Breed _____ Age _____ Sex: M F

I certify that my animal has not bitten anyone within the last fourteen days: _____ (please initial)

Regular veterinarian for notification (if any) _____

I further authorize Transitions Veterinary Services to care for the remains of my pet in the following manner: (Please check the appropriate box).

_____ Private Burial

_____ Communal Cremation (ashes to be scattered as a final tribute)

_____ Individual Cremation (ashes to be returned in a keepsake urn)

_____ Keepsake clay paw print (terracotta or white)

Date _____ Owner's signature _____

Owner's email address: _____

I certify that on this date _____, I, Melissa Vollaire DVM, have performed euthanasia on the animal listed above in a humane manner in accordance with the law of the county of El Paso and the state of Colorado.

Melissa Vollaire DVM _____