

# Animal Care Clinic of Rural Hall

## Euthanasia Consent Form

I, \_\_\_\_\_ the owner (or authorized owner's agent) of \_\_\_\_\_ give my consent for euthanasia of the above named pet.

Following the demise of my pet I wish the body to be:

- Sent home with me
- Private Cremation (Ashes returned to you)
- Communal Cremation (Ashes are not returned)

*I certify that to the best of my knowledge my animal has not bitten anyone in the past 10 days.*

*Date:* \_\_\_\_\_ *Signature:* \_\_\_\_\_