



Companion Veterinary Hospital, P.S.

Paula Sommerville, DVM

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Consent for Euthanasia

First Name _____ Last Name _____
Spouse or Co-owner's Name (if applicable) _____
Address _____
Street City Zip
Phone Number _____

Pet Description

Name _____ Color _____
Species _____ Breed _____ Sex _____
Age _____

I certify that I am the owner (or authorized agent of the owner) of the animal described above and that I give the staff of **Companion Veterinary Hospital** full and complete authority to euthanize this animal.

I further certify that this animal has not bitten any person or animal during the last fifteen (15) days and, to the best of my knowledge, has not been exposed to RABIES.

I hereby release **Companion Veterinary Hospital** and its agents and representatives from any and all liability for said animal.

My decision for the care of the body: ___ I will take full responsibility
 ___ Non-Private Cremation (see notes below)
 ___ Private Cremation (see notes below)

Non-Private Cremation – This is a group cremation, in which several animals may be cremated together. Please be aware that Non-Private Cremation ashes are NOT returned to you. Instead they are spread out in the foothills of Mount Rainier by our cremation service, Ark Northwest.

Private Cremation – This is an individual cremation. Your pet’s ashes will be returned to you in a floral-patterned tin urn within two to four weeks. We will call you when we receive the ashes from our crematory service. If you require a shorter timeline, please let us know, as we may be able to accommodate your request.

I have read and understand this consent.

Signature of Owner or Authorized Agent _____ **Date** _____

If Authorized Agent, please indicate relationship to Owner: _____