

# ANIMAL CARE AND SURGICAL HOSPITAL

## Consent for Euthanasia of Long Term Patient

Client's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

I certify that I am the owner or authorized agent for the owner of the pet described above and that, to the best of my knowledge, this pet:

- a) has not been exposed to any animal that is likely to have rabies,
- b) has not bitten any person or animal within the past ten days, and
- c) is current on its rabies vaccination.

I consent to the euthanasia of this pet and the disposal of the body as agreed upon between the attending veterinarian and me. I have elected:

\_\_\_\_\_ PRIVATE CREMATION

\_\_\_\_\_ REGULAR CREMATION (NO ASHES BACK)

We are required by law to inform you that local & federal laws (Including Migratory Bird Treaty Act, The Bald and Golden Eagle Protection Act and The Endangered Species Act) state that euthanized pets cannot be buried in your backyard. If you elect to take your pet from our premises you are require to use the service of a pet cremation company for proper disposal. Criminal Penalties for violating the law can run as high as \$250,000 and up to 5 years in prison.

By signing below I have read and understand the local and federal law that indicates I am prohibited from burying my pet in my backyard and will take my pet to a burial or crematory service company.

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date

