



Our Pet's Goodbye

Peaceful home euthanasia for your beloved pet

Euthanasia Consent Form

Owner's Name: _____ Date: _____

Address: _____

Telephone: _____ Cell phone: _____

Email: _____

Pet's Name: _____

Species: _____ Breed: _____

Colour: _____ Weight: _____

Age: _____ Sex: Male / Female Neutered: Yes / No

Microchip: _____

Regular Vet Clinic: _____

Our Pet's Goodbye will inform your regular Veterinarian of the passing of your pet so that they may update their records and have a chance to extend their condolences.

After Care Arrangement Options

- I will take responsibility for all after care arrangements myself.
- I authorise Our Pet's Goodbye to arrange for my pet's cremation

I certify that I am the legal owner or authorised agent of the pet described above and give Our Pet's Goodbye complete authority to euthanase my pet. I understand that 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 have carefully read and understand this form.

Signature: _____

Date: _____

Authorised Agent

Please complete the section below if you are acting on behalf of the owner.

Agent's Name: _____ Date: _____

Address: _____

Telephone: _____ Cell phone: _____

Email: _____