

WASATCH HOLLOW ANIMAL HOSPITAL
HOME VETERINARY CARE
EUTHANASIA FORM

Client Information

Client Name _____

Spouse/Partner _____

Drivers License Number _____ (required for home visit)

Street Address _____ City _____ State _____

Email Address _____ Phone _____

Phone _____

Place of Employment _____ Phone _____

If applicable, check one: [] Active/Retired Military [] Fire [] Law Enforcement

Patient Information

Pet Name _____ Species FELINE / CANINE

Breed _____ Color _____

Birthdate/Age _____ Microchip # _____

Spayed/Neutered _____

Medical History & Current Medications

Does your pet have any prior behavioral issues (aggression, fear, anxiety):

Previous Veterinary Hospitals/Clinics:

Euthanasia Appointment Policy

(please initial after reading)

Our Veterinarians only perform euthanasia for only humane reasons. Because of this, if we have never examined your pet before, they will perform an examination prior to any services. If our Veterinarian deems that euthanasia is unnecessary and is being done for convenience and/or non-humane purposes, they reserve the right to not perform service. _____

If at the time of examination it is discovered a euthanasia cannot be performed due to above listed reason, client will still accrue the charges for a medical/illness examination and travel fee. Any payment received for cremation services will be refunded. _____

Euthanasia Authorization

I the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described above, that I do hereby give the doctors of Wasatch Hollow Animal Hospital permission to euthanize and dispose of said animal in whatever humane manner the doctors of Wasatch Hollow Animal Hospital, their agents, servants or representatives deem appropriate. I also release the doctors, Wasatch Hollow Animal Hospital, their agents, servants and representatives from any and all liability for so euthanizing and disposing of said animal.

I do also certify that to the best of my knowledge the said animal has not bitten any person or animal during the last fifteen (15) days and has not been exposed to rabies.

I have elected: [] At home burial
 [] Group Cremation
 [] Private Cremation

Owner Signature _____ Date _____