



## Euthanasia Consent Form

I am the owner or the owner's responsible agent for this pet. I authorize the doctor(s) of Airpark Animal Hospital to perform humane euthanasia on my pet in a manner as they deem minimally stressful to the pet.

I **would/would not** like to be present for the procedure.

I would like the following aftercare options:

- Return to me for at home burial
- Mass cremation
- Private cremation

My pet has not bitten anyone in the last 10 days. \_\_\_\_\_  
Initials

Date \_\_\_\_\_ Owner's Signature \_\_\_\_\_

## Relinquishment Option

I authorize Airpark Animal Hospital to take over ownership of my pet as an option to euthanasia. I agree that I will have no further contact with the pet and understand that the pet may be placed with a new owner.

My pet has not bitten anyone in the last 10 days. \_\_\_\_\_  
Initials

Date \_\_\_\_\_ Owner's Signature \_\_\_\_\_