



Consent for Euthanasia

Your Name: _____

Cat's Name: _____

Approximate Age _____ Breed (if known) _____

Fur Color(s) _____ Gender _____

I certify that I am the legal owner/duly authorized agent for the owner of the cat described above, and do hereby give Whitney Odom, DVM, Atrium Cat Hospital, and any authorized agents, staff, or representatives full and complete authority to euthanize and handle aftercare of said cat in a humane manner. I hereby forever release and hold harmless Whitney Odom, DVM, Atrium Cat Hospital, and any authorized agents, staff, or representatives from any and all liability for euthanasia and aftercare of said cat.

State law requires post-euthanasia rabies testing of any animal who has bitten a person or animal or been exposed to rabies virus in the last 10 days.

I certify that to the best of my knowledge that said cat has not bitten any person or animal during the last 10 days and has not been exposed to rabies virus.

I request that said cat's remains be cared for in the following manner (**choose one**):

- I will handle and take full responsibility for all aftercare arrangements myself. I am aware of any applicable laws and regulations regarding the burial of a pet's body and understand caution should be taken when disposing of animals euthanized with drugs/chemicals.
- I wish to have Atrium Cat Hospital arrange for my pet's aftercare (**select one of the following**):
 - Communal Cremation (no ashes returned)
 - Private Cremation with ashes returned to me
 - Please hold my pet's remains pending my decision. If I have not informed Atrium Cat Hospital of my decision within 10 days, I authorize communal cremation at my expense.

I understand that euthanasia is the act of ending the life of an animal in a painless way to prevent any unnecessary suffering. To the best of my knowledge, the information I have provided is accurate and complete. I understand that my wishes may be carried out immediately upon my signing this agreement. Fees for these services have been explained to me, and I assume full responsibility for all charges applicable to such services. I have carefully read and fully understand the foregoing provisions.

Signature _____ Date _____

Witness Signature _____ Date _____

Witness Printed Name _____