

EUTHANASIA CONSENT FORM

ONE FORM PER PET

MONROE COUNTY HUMANE ASSOCIATION

CLINIC • EDUCATION • OUTREACH

Choosing compassionate euthanasia often stands as the most humane decision for pets in their final stages of life. Whether your pet is enduring severe injuries, battling a terminal illness, or succumbing to the effects of old age, Monroe County Humane Association is here to support you in providing them with the tender, comfortable farewell they deserve.

OWNER INFORMATION

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PET INFORMATION

SPECIES	PET NAME	BREED	WEIGHT	AGE	SEX	COLOR/ MARKINGS
CAT DOG			_____ lbs		M F	

POST EUTHANASIA SERVICES

 I request my pet's remains be cared for in the following manner:

- Home Burial:** I wish to take my pet's body home. I agree that my pet will be buried at a minimum of 4-6 feet below ground according to local and state law. I acknowledge that any medication in my pet's body post euthanasia poses a risk to other pets and wildlife should my pet's body not be disposed of properly.
- Cremation:** I would like my pet's remains to be cremated. I understand there are additional costs for this service. A cremation services order form will be provided.

RABIES EXPOSURE

State law requires post euthanasia rabies testing of any animal who has bitten people, other animals, or been exposed to the rabies virus in the last ten (10) days.

- I affirm to the best of my knowledge the pet listed on this form has **NOT** bitten any person/animal or been exposed to the rabies virus in the last ten days.
- I affirm the pet listed on this form HAS bitten a person/animal or been exposed to the rabies virus and must be tested for rabies. Home burial is not possible.

I, _____, affirm that I am the legal owner or authorized agent of the described animal and hereby grant Monroe County Humane Association permission to euthanize the animal specified on this form. I acknowledge that a representative of MCHA has met with me to discuss the euthanasia of my pet. I give MCHA and its representatives full and complete authority to euthanize and dispose of said animal in a humane manner and in accordance with local and state law. Furthermore, I forever release MCHA, the doctor, or representatives from any and all liability of said euthanasia. I further acknowledge my financial responsibility for these services and certify to the best of my knowledge the said animal has not bitten any person or animal during the last ten days, and has not been exposed to rabies. Upon signing this form, I fully understand I've given MCHA authority to end my pet's life.

Signature: _____ Date: _____

Witness: _____ Date: _____