Ashton Animal Clinic
1008 N First Street
Ashton, Illinois, 61006
Ph: (815) 453-2171
Fax: (815) 453-2169
Email: vetrecords@ashtonvet.com

Euthanasia Consent Form

(Euthanasia - the humane termination of life)

Owner:	
Address:	
Client ID/Contact:	
Home Phone:	
Mobile Phone:	

Patient Name:	
DOB:	
Age:	
Breed:	
Sex:	
Color:	

- I _____, am the owner or duly authorized agent of the owner for the above-named animal, I here by consent to and request humane euthanasia for my pet by a veterinarian or licensed veterinary technician at this practice. I do hereby give the veterinarians of Ashton Animal Clinic, their staff and representatives full and complete authority to euthanize and dispose of said animal in an appropriate manner which the doctors of the Ashton Animal Clinic, their staff or representatives deem necessary. I understand and accept that euthanasia is a permanent and non-reversible action.
- I do hereby release Ashton Animal Clinic, their staff and representatives from any and all liability for euthanasia and disposing of the 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 ten (10) days and has not been exposed to rabies.
- I understand individual cremated remains will be held by the clinic for a period of up to **12 months**. If arrangements for pickup have not been made within this time frame, the remains will be respectfully and appropriately handled in accordance with clinic policy and applicable laws.

☐ I wish the body to be returned to me / the owner (no additional cost)

☐ I request private cremation and that the ashes be returned to me / the owner ($144.20 to $329.60 depending on size)

☐ I request cremation but do not want the ashes returned to me / the owner ($36.05 to $60.26 depending on size)

☐ I would like _____ ink paw print made, black paint on white canvas, $14.94 per print

☐ I would like _____ clay paw print made, in shadow box $26.52 each

All displayed costs shown are for card payments. Cash/Checks have a 3% discount.

Signed:_____

Practice Staff Member:_____

Date:_____