



Arguello Pet Hospital
530 Arguello Blvd
San Francisco, CA 94118-3203
Main: (415)751-3242
Fax: (415)751-2752

Euthanasia Authorization

Client Name:

Patient:

Address:

Species:

Breed:

Phone Number:

Sex:

Color:

Weight

I, the undersigned, am the owner (or duly authorized agent for the owner) of my pet. I hereby consent to and order euthanasia (humane death) to be performed on this animal, forever releasing the Arguello Pet Hospital and its staff from any and all liability for performing said euthanasia.

It is my desire to provide for my pet decent and humane after-death care, complying with all legal requirements of the area. I authorize the attending veterinarian and staff to take charge of my pet's remains in accordance with hospital policy, releasing the hospital, veterinarians, and agents from any and all liability for performing said after-death care, with the following stipulations included:

PLEASE INDICATE YOUR DECISION FOR CARE OF REMAINS:

- Return remains for personal disposition
- Communal cremation
- Private cremation
- Would you like a Paw Print (\$77.00 additional)?

If I have not informed **Arguello Pet Hospital** of our decision within 10 days, I authorize communal cremation.

Learning the cause of death of your pet can be of great help in relieving the suffering of other pets, as well as contributing to our understanding of health and disease. Please let your veterinarian know if you wish to do a post mortem evaluation at Arguello Pet Hospital or if you would prefer to have a formal necropsy performed at an outside pathology laboratory

I am the owner, responsible/authorized agent of this port. I authorize the veterinarians and staff of Arguello Pet Hospital to perform all procedures set forth above. I agree to pay in full for all services performed. I confirm that I am at least 18 years of age or older and consent to the medical procedures approved in the statements in this consent form.

Client Signature: _____ Date: _____