

# **Alameda Animal Hospital**

## Quality of Life Consult and Consent

**Owner's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Pet's Name** \_\_\_\_\_ **Breed** \_\_\_\_\_ **Cat or Dog** \_\_\_\_\_  
**Color & Markings** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Age** \_\_\_\_\_  
**Sex:** Male or Female      **Spayed/Neutered:** Yes or No      **Current Rabies Vaccine?** \_\_\_\_\_

What are your concerns regarding your pet? \_\_\_\_\_

How long have you had these concerns? \_\_\_\_\_  
Have you discussed these concerns with the doctor? \_\_\_\_\_

### **After Care Arrangement Options**

Please initial your wishes

I will handle and take full responsibility for all after care arrangements myself. I am aware of laws and regulations regarding the burial of my pet and understand caution should be taken when handling a pet euthanized with drugs/chemicals.

I wish to have Alameda Animal Hospital's agent provide a communal cremation; NO ashes returned to me.

I wish to have Alameda Animal Hospital's agent provide a private cremation; ashes WILL BE returned to me.

I wish to have a paw print in clay of my beloved pets' front paw. There is a fee for this service.

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described above and I do hereby give Alameda Animal Hospital and any authorized agents, staff, or representatives full and complete authority to euthanize and dispose of said animal in a humane manner. I hereby forever release and hold harmless Alameda Animal Hospital and any authorized agents, staff, or representatives from any liability for euthanasia and disposal of said animal.

I verify that said pet has not bitten any person or animal during the last fifteen (15) days and to the best of my knowledge has not been exposed to rabies. I understand that if the animal described above has bitten or otherwise potentially exposed any person within the time specified, a rabies test must be performed according to state law.

I understand euthanasia is the act of ending the life of an animal in a painless way to prevent unnecessary suffering. To the best of my knowledge, the information I have provided is accurate and complete. 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 this form.

Owner/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

(If Verbal) Witness #1 \_\_\_\_\_ Witness #2 \_\_\_\_\_