

INFORMED CONSENT TO EUTHANASIA

Details of the Owner/Authorised Agent *(delete whichever is not applicable)*

Surname:		Title:	
Full names:			

Pet information:

Name:		Age/ Birth date:	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Breed:

Please Choose the following options with a tick:

Weight of Animal	Less than 12kg	13-35kg	36kg+
Euthanasia and home burial	<input type="checkbox"/> R500	<input type="checkbox"/> R575	<input type="checkbox"/> R625
Euthanasia and communal cremation (no ashes return)	<input type="checkbox"/> R1025	<input type="checkbox"/> R1100	<input type="checkbox"/> R1200
Euthanasia and individual cremation (ashes return).			
<input type="radio"/> Scatter box	<input type="checkbox"/> R1910	<input type="checkbox"/> R2325	<input type="checkbox"/> R2945
<input type="radio"/> Wooden box	<input type="checkbox"/> R2750	<input type="checkbox"/> R3185	<input type="checkbox"/> R3845
We also offer the following Memorial options but they do not include cremation and cremation:			
<input type="radio"/> Pet memorial stone	<input type="checkbox"/> R910		

1. I, the undersigned, hereby certify that I am an adult person and:
 - I am the lawful owner of the pet described above or
 - I am the duly authorised agent of the lawful owner of the pet described above.

**(select applicable blocks by placing a cross in that box)*
2. I hereby give my consent for euthanasia of my pet.
3. I hereby give my consent for disposal of my pet after euthanasia.
4. I hereby indemnify the veterinarians and staff of this clinic against any claims of whatsoever nature flowing from or related to the euthanasia of the pet described hereunder.

Signature: _____ Date: _____

Witness : _____ Place: Pietermaritzburg

A copy of this document can be emailed to you upon request.
If you require a copy, please ask our friendly reception staff members.

Filed by: _____