

All Feline Hospital
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EUTHANASIA CONSENT FORM

Owner	Date								
City/State Zip Code Patient Species Breed Color Age Male Female Neutered Spayed (circle one) I certify that I am the person responsible for the above-described animal. I give the doctor and her assistant(s complete authority to euthanize this patient in whatever manner they recommend. I understand that the animal will be treated humanely. I release All Feline Hospital and its staff from any liability for euthanizing this animal. **To the best of my knowledge, this animal has not bitten any human within the past fourteen days. ** I wish for my cat's body to be: (circle one) Taken home with the owner. Rolling Acres: Private Cremation - \$134.00 Group Cremation - \$36.00 Burial - Price to be determined by Rolling Acres *If private cremation services are selected, ashes will be returned to owner.	Owner								
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Signature of owner or responsible party	*If private cremation	services are se	elected, ash	nes will be ret	urned to ow	ner.			
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