



All Feline Hospital

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EUTHANASIA CONSENT FORM

Date _____

Owner _____

Address _____

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.*

Signature of owner or responsible party _____