



Mona Vale **Vet Hospital**  
YOUR PET'S FAMILY DOCTOR

**MVVH EUTHANASIA CONSENT FORM**

<b>OWNER</b>	Phone: Mobile:
<b>NAME</b>	<b>SEX</b>
<b>BREED</b>	<b>COLOR</b>
<b>DOB</b>	<b>WEIGHT</b>

We understand that you have requested that ..... be euthanased. This is a painless procedure and can be done with you present if you prefer but you do not have to be present.

By signing below you are giving consent to have ..... euthanased. Outlined below are some options for afterwards once you have said your goodbyes'.

Please tick the option that applies:

- ☐ I wish to take ..... home and I will arrange for burial.
- ☐ I would like Mona Vale Vet Hospital to organise cremation without return of the ashes
- ☐ I would like Mona Vale Vet Hospital to organise private cremation with the return of the ashes.
- ☐ Standard Range – Scatterbox, Memento Box, Timber Casket, Satin Pouch, Urns
- ☐ Premium Range – Glass top photo box, Urns, stone stack

I confirm that I am the owner or an Authorised Agent of the Owner and have read and understood this form.

I confirm I am over 18 years of age.

Signature of Owner or Authorised Agent:

Signature: .....

Name: .....

Witnessed by .....

Date: