



Wholistic Paws Veterinary Services, LLC

Acupuncture, Rehabilitation, Hospice, and Euthanasia services in the comfort and dignity of your home.

New Client Information Sheet for Euthanasia Appointments

Client Name: _____

Co-owner/Spouse: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: (circle preferred phone for contact)

Home: () _____ Work: () _____ Cell: () _____

Email: _____

Driver's License Number: _____ Date of Birth: _____

(For processing check payments)

Patient Name: _____ Breed: _____ Sex: _____ Age: _____

Family Veterinarian: _____ Date of Last Rabies Vaccine: _____

How did you hear about us? _____

Euthanasia Consent

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described above. I do hereby give Dr. Krisi Erwin and the staff of Wholistic Paws Veterinary Services full and complete authority to euthanize my pet. I acknowledge that Dr. Krisi Erwin has met with me personally and discussed the euthanasia of my pet. I also certify that, to the best of my knowledge, my pet has not bitten any person or animal during the last fifteen (15) days and has not been exposed to Rabies. I further understand that I assume financial responsibility for all services rendered.

I request the following after care option for my pet:

- _____ Private Cremation with Return of Ashes through Wholistic Paws.
- _____ Group Cremation without Return of Ashes through Wholistic Paws.
- _____ I will provide the after care for my pet.

Again, by signing this form, I am giving permission to end my pet's life and I have the authority to execute this consent.

Signature of Owner or Agent

Date

Signature of Wholistic Paws' Employee

Payment Policy

(Payment is required at the time the services are rendered. We accept Cash, Checks, and Credit Cards.)