

Jill Hayes, DVM
VETERINARIAN
www.closureathome.com



For fastest response, please text or email:
closureathome@icloud.com
614-397-2128

Consent to Perform Euthanasia

Pet's Name: _____

Breed: _____ Age: _____ Sex: M F Altered? Yes No

Description: _____

Reason for Euthanasia: _____

Owner Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Cell: _____

Primary veterinarian: _____

Primary veterinarian phone number: _____

How did you hear about Closure at Home? _____

Please choose an option:

I will handle the aftercare arrangements for my pet.

I would like Dr. Hayes to transport my pet to Schoedinger Funeral home for cremation.

I would like to have my pet's cremains returned to me.

I **do not** wish to have my pet's cremains returned to me. I understand that Dr. Hayes will scatter the ashes on property owned by her family.

I am the owner or authorized representative of the pet described above and hereby give Closure at Home and Dr. Jill Hayes permission to humanely euthanize my pet.

To the best of my knowledge, this animal has not bitten any human or other animal within the last 15 days preceding this date (this is a legal point regarding Rabies).

Signature: _____ Date: _____
