

Kingston Road Animal Hospital
1025 Kingston Road
Toronto, ON M4E 1T4

Phone: (416) 690-0625
Fax: (416) 690-8938

REQUEST TO PERFORM EUTHANASIA

Date: _____

Owner: _____

Name: _____

Street: _____

Breed: _____

City: _____

Sex: _____

Phone: _____

Age: _____

EUTHANASIA CONSENT FORM

For humane reasons, I hereby consent to, and order, Euthanasia to be performed on _____.
To the best of my knowledge and belief this animal has not bitten any person during the fifteen days preceding this date.

Signed: _____
Owner or Agent acting on Owner's authority

I request to have _____'s remains cremated. (Group Cremation - Ashes not returned)

I request to have _____'s remains be PRIVATELY cremated and to have the ashes RETURNED to me. I agree to pick up _____'s ashes no later than 4wks after being notified they are available at Kingston Road Animal Hospital. If _____'s ashes are not claimed by this time, I am aware that they will be returned to the company for burial in their certified pet cemetery.

I will be taking _____'s remains with me for a family ceremony.

I request an autopsy be performed on _____.

 Owner requests a Paw Print (clay).

For Office Use Only:

Received by: _____

Ashes returned to Kingston Road Animal Hospital _____

(Ashes NOT claimed) date of return to CVS _____