



**COMFORT PAWS  
VETERINARY CARE**  
Euthanasia Consent

Phone: 646-866-4760 or 646-866-8607

E-mail: [info@comfortpawsvet.com](mailto:info@comfortpawsvet.com)

**Patient Information**

1. Name:
2. Address:
3. Sex:
  - Cat
    - Spayed/Neutered
    - Intact
  - Dog
    - Spayed/Neutered
    - Intact
4. Breed:
5. Color:
6. Age or Birthday:
7. Weight in pounds:

**After Care Services**

- Private Cremation (ashes returned)
- Group Cremation (no ashes returned)
- I have made personal arrangements

To the best of my knowledge, the above animal has not bitten any person within the last 10 days. I hereby authorize Dr. Irons to perform humane Euthanasia on the date listed below.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Payment due at time of service. No refunds.