



HAINES ANIMAL RESCUE KENNEL

A PLACE FOR PETS AND THEIR PEOPLE

PO Box 1533, Haines AK 99827

www.harkalaska.org | (907) 766-3334

Euthanasia Screening

Persons name:		Date:
Mailing address:		
Physical address:		
City:	State:	Zip:
Phone (H):	Phone (C):	Email:

Pet Information

Pets name:		Age/gender:
Species:	Breed(s):	Altered?
What is happening with your pet and for how long?		
When was most recent veterinarian visit? What did veterinarian say about the animal's condition?		
Is your pet on any medications (please list)?		

Assessment

Please describe the situation, is it an emergency?

Is the pet in critical condition?

Is the pet eating and drinking?

Is the pet able to keep down food?

Is quality of life possible?

Can we wait and see if condition improves / stabilizes while exploring other options?

Do you need HARK staff to visit to help assess situation?

Appointment (HARK Staff)

Date:	Time:	Contact #:
Location:		

Consent to Euthanize

HARK would like to assure you that your pet will be treated in a humane and caring manner. We ask that you review the following items, verify each answer is true, and **initial each line** before signing.

I certify that I am the legal/duly authorized agent for the owner (circle one) of the animal described above, and do hereby give the Euthanasia Technician for HARK permission to euthanize said animal in a humane manner.

I understand that if I have questions, an agent of HARK will read this consent form to me and explain the rationale for my responses.

I identify that this pet has been vaccinated for rabies within the last year, and, if required by public health authorities, I can produce records to substantiate this vaccination.

I also certify that, to the best of my knowledge, this pet has not within the past ten days been exposed to another animal diagnosed with or suspected of having rabies.

I further certify that, to the best of my knowledge, this pet has not bitten a person or animal within the past ten days. I have been informed that if my pet has exhibited any clinical signs suggestive of rabies, state law and public health authorities may require further testing for rabies be performed at a diagnostic laboratory.

I accept full responsibility for the safe disposal of this animal.

To the best of my knowledge, the information I have provided is true.

I understand that my wishes may be carried out immediately upon my signing this agreement. With the provision of this information, I hereby release the Euthanasia Technician, licensed veterinarian and HARK and its staff from any liability associated with carrying out these procedures.

I certify that if I am signing as an agent, I have the authority to execute this consent.

Signature of Owner/Agent (please circle one)

Date

Printed name of Owner/Agent (please circle one)

Signature of Witness

Date

Printed name of Witness

Signature of Euthanasia Tech

Date

Printed Name Euthanasia Tech