



Eden Veterinary

1653 7th st, 901
Santa Monica, CA 90401
(424) 272 - 0345
EdenVeterinaryCare@gmail.com

Owner's/Agent's Name _____ Today's Date _____

Address _____ City _____ Zip _____

Home Phone _____ Additional Phone _____

Email Address _____

Pet's Name _____ Dog or Cat: _____ Breed: _____

Color _____ Weight _____ Sex: M ☐ F ☐

Aftercare Arrangements (select one):

☐ I will handle and take full responsibility for all after-care arrangements myself. I am aware of laws and regulations regarding the burial of my pet and understand caution should be taken when handling a pet euthanized using pentobarbital.

☐ I wish to have Eden Veterinary legally handle and dispose of remains.

☐ A third party will manage aftercare. Name: _____

Electronic Records & Signature Disclosure (ERSD).

By checking the box below and signing electronically, I agree to conduct this transaction by electronic means and to receive records electronically. I understand I may request a paper copy at no charge and may withdraw consent at any time by notifying Eden Veterinary. I confirm I can access and retain electronic records on my device (modern web browser and PDF reader). I will receive a copy of the signed document by email.

☐ I agree (Electronic Records & Signature Consent) Initials: _____ Email for copy: _____

By signing below, I acknowledge and agree that:

- I am the legal owner or authorized agent of the pet and have provided accurate information above.
- I authorize sedation and euthanasia of my pet.
- I have read this consent form and the attached disclosures page and fully consent to the terms.

Signature: _____ **Date:** _____

Veterinarian's Certification (for doctor to sign):

I, the undersigned veterinarian, certify that I have explained the euthanasia procedure and aftercare options to the owner and have confirmed their understanding and consent. I will perform the procedure in a humane and ethical manner.

Signature: _____ Date: _____

Dr. Shanina Christina Halbert



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Euthanasia Disclosure Page

Consent For Euthanasia

I certify I am the legal owner or authorized agent for the owner of the pet described above and give Eden Veterinary, and any authorized agents, staff, or representatives, full and complete authority to euthanize my pet. I forever release and hold harmless Eden Veterinary and any authorized agents, staff, or representatives from any and all liability for euthanasia and aftercare. To the best of my knowledge, my pet has not bitten, scratched, and/or potentially exposed any person or other animal to rabies in the past ten (15) days. I understand that if the animal described above has bitten or otherwise potentially exposed any person within the time specified, a rabies test must be performed. I understand euthanasia is the act of ending the life of an animal in a humane way to prevent unnecessary suffering. I understand that there are certain risks and complications that can arise during a euthanasia, and I understand that I may request more information before starting the process. I hold Eden Veterinary and all authorized agents harmless for any emotional distress that may arise due to complications associated with the euthanasia. I am aware of my right to request more information regarding such complications. To the best of my knowledge, the information I have provided is accurate and complete. Fees for these services have been explained to me, and I assume full responsibility for all charges applicable to such services. I have carefully read and fully understand this form.

Authorization for Sedation (Drugs & Routes).

I authorize the veterinarian of Eden Veterinary to administer pre-euthanasia sedation and/or anesthesia to my pet using tiletamine-zolazepam (Telazol) or an analogous drug, with or without acepromazine, by subcutaneous (SQ), intramuscular (IM), intravenous (IV), or other routes as the doctor deems necessary to ensure a peaceful and humane passing. I understand that drug selection and route may be adjusted based on my pet's condition, temperament, and comfort; that sedation may cause loss of balance, loss of airway reflexes, or paradoxical reactions in rare cases; and that an IV catheter may be placed at the doctor's discretion.

Doctor's Discretion to Decline/Stop.

I understand the veterinarian may decline to proceed with euthanasia or may modify or discontinue the procedure at any time if, in their professional judgment, legal, safety, medical, ethical, or identification concerns exist. In such cases, the veterinarian may recommend alternative care, additional sedation, rescheduling, or referral.

Irreversibility Once Begun.

I understand that once the euthanasia portion of the procedure is administered, it is irreversible. After pre-euthanasia sedation is given, safe reversal may not be possible, and completing humane euthanasia may be medically necessary to prevent distress or suffering. I acknowledge that for these reasons, once the process has begun it cannot be stopped or reversed.

Client-Handled Remains — Hazard & Legal Notice.

If I elect to handle aftercare myself, I understand that animals euthanized with barbiturates (e.g., pentobarbital) present a serious hazard to wildlife, pets, and scavengers. No other animal should have access to the remains at any time. I am solely responsible for complying with all applicable local and state laws regarding storage, transport, burial depth/location (including setbacks from waterways), and any required permits. I agree to store and secure remains safely until final disposition.

Cancellation & After-Hours Policy.

I understand that cancellations more than 1 hour before the scheduled appointment incur a \$100 fee; cancellations within 1 hour incur a \$250 fee. After-hours rates apply as quoted at booking: +\$300 after 6:00 pm; +\$800 from 6:00–10:00 pm; +\$1,100 from 10:00 pm–8:00 am. All fees are due at the time of service.

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