



## Arms of Aloha Consent to Perform Humane Euthanasia

I, \_\_\_\_\_, being a person over eighteen years of age, hereby authorize an agent of Arms of Aloha LLC under the authority of Carolyn Naun, DVM, to humanely euthanize the animal \_\_\_\_\_, a \_\_\_\_\_ year old \_\_\_\_\_. By signing this document, I certify that:

- I am the owner of the above named animal, or have been authorized by this animal's owner of record to approve this procedure. (If not the owner, please PRINT your name and your relationship to owner under signature).
- I have discussed the reasons for this animal's euthanasia with a veterinarian, have had all of my questions answered to my satisfaction, and am comfortable that humane euthanasia is an appropriate decision. The charges have been adequately explained to me, and I accept responsibility for payment of these charges.
- I have been given the opportunity to read an explanation of my aftercare options, and my questions regarding these options have been answered to my satisfaction.

In the matter of the above named animal's humane euthanasia I agree to indemnify Arms of Aloha LLC, its servants or agents, from any loss or liability which they may incur as a result of any inaccuracy, whether intended or otherwise, in this, my solemn declaration.

### My Wishes for Aftercare

Please check one:

- I would like cremation by Oahu Pet Crematory with the understanding that my pet's ashes will **not** be returned to me.
- I would like cremation by Oahu Pet Crematory **with return** of my pet's ashes to me. My pet will be cremated alone (solo cremation).
- I have made my own arrangements for aftercare. If I have made plans for burial, I understand I must first check with the City and County Zoning Department (roh.info@honolulu.gov or 768-3809) and my homeowner's association, if applicable, and that I have been provided written information on burial guidelines. I assume full responsibility for complying with all applicable laws, ordinances, and regulations.

Signed\* \_\_\_\_\_ on \_\_\_\_\_  Please check if you would like an invoice emailed to you

(Your name if not person named above) \_\_\_\_\_

Arms of Aloha LLC; 970 N. Kalaheo Avenue, Suite A308, Kailua, Hawaii 96734