

EUTHANASIA CONSENT FORM

Owner's Name: _____ Date: _____

Address: _____ Phone: _____

Street

_____ Alt. Phone: _____

City

State/Zip

Pet's Name: _____ Breed: _____

Sex: _____ Age: _____ Color/Markings: _____

Case Number: _____

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described above, that I do hereby give _____ (veterinarian) and his employees or representative, full and complete authority to end the life and dispose of said animal in whatever manner they shall deem appropriate.

I acknowledge that Dr. _____ has met with me personally and discussed the euthanasia of my animal. I also certify that to the best of my knowledge the said animal has not bitten any person or animal during the last fifteen (15) days, and has not been exposed to rabies. I further understand that I assume financial responsibility for all services rendered.

Again, by signing this form I am giving permission to end this animal's life and I have the authority to execute this consent.

Signature of Owner or Agent

Date: _____

SUGGESTED
SAMPLE