



ADVICE

INFORMATION

CARE

SUPPORT

EXPERTISE

Euthanasia Consent Form

Owner's name

Address

Phone Home

Mobile

Pet's name

Breed

Colour

Species

Sex

Age

I, the undersigned, certify that I am the owner (or the duly authorized agent for the owner) of the animal described above, request, consent to, and order, euthanasia to be performed on said animal.

I give Dr.

(his/her agents, and representatives)

full and complete authority to euthanase and dispose/euthanase only (please circle) of said animal in a humane manner and in accordance with the rules and regulations of this establishment. Furthermore, I release the veterinarian, representatives and the clinic from any and all liability of said euthanasia.

I understand that euthanasia is the act of ending the life of an animal in a painless way to prevent any unnecessary suffering.

Signature of Owner

Date

Signature of Witness

Date

Veterinary Clinic Name