
EUTHANASIA CONSENT

Owner's Name _____ Date ____/____/____

Address (mailing) _____

Telephone (H) _____ (W) _____

Animal's Name _____ Species _____

Breed _____ Color & Markings _____

Age _____ Sex _____

I certify that I am the owner of (or person responsible for) the animal described above. I give the doctor and his assistants complete authority to euthanasia this animal in whatever manner they recommend. I understand that the animal will be treated humanely. I release the doctor and his assistants from any liability for euthanizing this animal.

I also certify that this animal has not bitten any person or animal in the past 15 days and to the best of my knowledge has not been exposed to rabies.

Owner or Responsible Party _____

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