Consent for Euthanasia

Date:_____

Pet Owner:_____

Address:_____

City/State:_____ Zip:_____

Home Phone:_____ Work Phone:_____

Pet's Name:_____

Species:_____ Breed:_____

Color:_____
Age:_____ Sex:_____ Weight:_____

I attest that I am the owner of (or person responsible for) the animal described above. I give the doctor and his/her assistants complete authority to euthanize this animal in what manner they deem best. I acknowledge that the animal will be treated humanely. I release the doctor and his/her assistants from any liability for euthanizing this animal.

I also attest that this animal has not bitten any person or animal in the past 5 days and to the best of my knowledge has not been exposed to rabies.

_____ I grant permission for a postmortem study of the animal.

_____

Owner or Responsible Party