

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