

Owner Name: _____

Patient Name/ID: _____

Patient Age: _____

Sex: _____

Species/Breed: _____

Euthanasia Consent Form

I, the owner (or agent for the owner), of the animal described above, do hereby authorize

_____ to:
(Name of Facility)

_____ EUTHANIZE the described animal. I attest this animal, to my knowledge, has **not** bitten anyone in the past ten (10) days.

_____ EUTHANIZE the described animal. **This animal has, in fact, bitten someone in the past ten (10) days. I understand that this animal must undergo post-mortem rabies testing.**

_____ DISPOSE of the body of the described animal.

I have read and understand this consent.

Signature of Owner/Agent _____ Date ____/____/____ Time: ____:____ am/pm

Signature of Witness _____

.....
Permission was granted via telephone by: _____ and was

granted to _____ *(Name of Owner/Agent)*
(Signature of Veterinarian) . Witnessed by: _____ on
(Signature of Witness)
____/____/____ at ____:____ am/pm.
(Date) *(Time)*

.....
Euthanasia of the described animal was performed on ____/____/____ by
(Date)

_____ with _____
(Name of Veterinarian) *(Name and Volume of Product Used)*