

Euthanasia Consent Form



Owner's Name: _____

Address: _____

_____ Postcode: _____

Home Phone: _____ Mobile Phone: _____

Name of Animal: _____ Species: _____

Breed: _____ Age: _____

Colour: _____ Sex: _____

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: _____

Veterinary Clinic Name: _____

