

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)*