



Euthanasia Consent Form

Owner's Name _____

Address _____ City/State/Zip _____

Home Phone Number _____ Phone Number _____

Email _____

Pet's Name _____

Species _____ Breed _____

Color _____ Age/Date of Birth _____

Sex _____ Male _____ Female Spayed/Neutered? _____ Yes _____ No

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described above and that I do hereby give Dr. John D. English (veterinarian) and his employees or representative full and complete authority to end the life and dispose of the said animal in whatever manner they shall deem appropriate.

I acknowledge that Dr. John D. English has met with me personally and discussed the euthanasia of my animal. I also certify that to the best of my knowledge, the said animal has not bitten any person or animal during the last fifteen (15) days and has not been exposed to rabies. I further understand that I assume financial responsibility for all services rendered.

Again, by signing this form, I am giving permission to end the animal's life, and I have the authority to execute this consent.

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Signature