

14TH STREET VETERINARY CLINIC

EUTHANASIA CONSENT FORM

I am the owner or an authorized agent of the owner of (pet name) _____

I authorize the euthanasia to be performed on (pet name) _____

I also give consent for the attending veterinarian to dispose of the remains in accordance with the hospital's policy unless otherwise instructed.

This animal has not bitten any person in the last 15 days preceding this date to the best of my knowledge.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

*Note: Legal counsel should review your consent form to ensure it complies with local, state, and federal law.