

Insert Clinic Logo

Euthanasia Consent Form

Date	
Owner	
Animal Name	
Animal Species	

I, the undersigned, do hereby certify that I am the owner (duly authorized agent of the owner) of the animal described above. I hereby give the veterinarians, staff, and representatives of ___*insert clinic name*___ complete authority to humanely euthanize the said animal in whatever manner the veterinarians, staff, and representatives shall deem fit, and do hereby forever release ___*clinic name*___ from any and all liability for humanely euthanizing the said animal. I understand that this procedure is not reversible.

I do also certify that the said animal has not bitten any person or animal during the last ten (10) days and to the best of my knowledge has not been exposed to Rabies.

Client Signature

Date