**Euthanasia Consent Form**

Location:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Animal:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Colour: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Markings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brands or Tattoos: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, so hereby certify that I am the owner (or duly appointed agent of the owner) of the animal described above; and that I do hereby authorize the veterinarian, Dr. Danica Olenick / Dr. Kaitlin McDonald/ Dr. Reina Fennell, full and complete authority to euthanize the aforementioned animal in such a manner as she sees fit, in accordance with the Code of Ethics of their Governing bodies.

I further certify that I am aware of the bylaws of this municipality pertaining to burial of livestock, and will follow these regulations, or have made arrangements for the prompt removal of the animal from my property and appropriate disposal of the remains.

I further certify that this animal has not bitten any person or animals during the last fifteen (15) days, and to the best of my knowledge has not been exposed to rabies.

I hereby release Dr. Danica Olenick / Dr. Kaitlin McDonald / Dr. Reina Fennell, her agents and representatives, from any and all liability for said animal.

I have read and I understand this consent.

Owner or Authorized Agent’s signature and permission to euthanize the above mentioned animal:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_