

## Euthanasia Consent

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

Owner (Last, First): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Species: K-9 Feline Other: \_\_\_\_\_

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

Sex: M NM F SF

D.O.B: \_\_\_\_\_

Color and Markings: \_\_\_\_\_

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above; that I do hereby give \_\_\_\_\_ (Doctor) his agents, servants, and representatives full and complete authority to destroy the said animal in whatever manner the said Doctor, his agents, servants, or representatives shall deem fit; and I do hereby and by these presents release the said Doctor, his agents, servants, or representatives from any and all liability for destroying the said animal.

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

My wishes for my pet are (Initial):

\_\_\_ Private Cremation (Ashes Returned)    Type of Urn \_\_\_\_\_

\_\_\_ Communal Cremation (Ashes not returned)

\_\_\_ Please Hold have not decided (Will require a deposit)

Signature of Owner/ Agent: \_\_\_\_\_

Animal Hospital of Largo  
13902 Walsingham Rd  
Largo, FL 33774  
727-595-2287