



## Euthanasia Consent Form

Name \_\_\_\_\_

Primary Vet Clinic \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Pet's Name \_\_\_\_\_ Species \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_

I, the undersigned, am at least 18 years old, and I am the owner / duly authorized agent for the owner of the animal described herein. I hereby consent to and order euthanasia (humane death) to be performed by Tranquil Crossings on this animal forever releasing said doctor, hospital, and all agents from any and all liability for performing said euthanasia. It is my desire to provide for my pet decent and humane after-death care, complying with all legal requirements of the area. I authorize the attending veterinarian to now dispose of the remains in accordance with hospital policy, releasing the hospital, doctor, and agents from any and all liability for performing after-death care, with the following stipulations included:

\_\_\_\_ I agree

I acknowledge that my pet has not bitten any person in the last 10 days exposing them to potential rabies.

\_\_\_\_ I agree

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Signature

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Date