

# EVH

## Consent Form for Euthanasia

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

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

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

Owner: \_\_\_\_\_

### **My pet has not bitten any person or animal.**

I certify that this pet has been in my custody and under my supervision and that to the best of my knowledge, has not bitten any person or animal or has not been exposed to rabies within the past 10 days.

Burial and cremation services are available upon request. \*\*

I certify that I am the owner or authorized agent for the owner of the pet described above. I authorize a staff member of Eastside Veterinary Hospital to euthanize this pet.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone #

\*\*Private cremation of pet, ashes returned in deluxe wood urn, custom engraved nameplate, certificate of cremation, velveteen bag and returned to Eastside Veterinary Hospital for pick up.