

Euthanasia Request and Consent Form

Name: (Print) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

.....
Name of Animal (Print) _____

Age: _____ Sex: _____ Breed: _____ Color/Markings: _____

Is the Animal Insured: Yes No Insurance Company: _____ Policy: # _____

.....
As the Legal Owner/Authorized Agent for the Legal Owner, I give permission for the Euthanasia (Humane Death) of the above animal. I also acknowledge that the animal must be deeply buried as soon as possible and covered with at least three (3) feet of soil, or disposed of according to local ordinances insuring that no person, bird, nor animal has access to the above named animal or the animal should be cremated.

To the best of my knowledge, the animal described above has not bitten, scratched or otherwise potentially exposed any person or other animal to rabies in the past thirty (30) days. I understand that if the animal described above has bitten or otherwise potentially exposed any person within the time specified, a rabies test must be performed.

I also agree to indemnify Dr. Parrott and his assistants against claims arising from all services performed and to hold harmless Dr. Parrott and his assistants from and against any and all liability arising out of the above request and the performance of any procedures referred to above.

Signature of Legal Owner/Authorized Agent

Date: _____

Witness Signature

Date: _____