



EUTHANASIA CONSENT FORM

Animal's Name: _____

Owner's Name: _____

Age: _____

Address: _____

Breed: _____

Sex: _____

Phone: _____

Colour: _____

I, the undersigned, do hereby certify that I am the legal owner (or dually appointed agent of the owner) of the above described animal; and I do hereby give Dr. Miranda Noseck, her agents and representatives, full and complete authority to euthanize the aforementioned animal in such a manner as is deemed necessary.

I further certify that his animal has not bitten any persons or animals during the last 15 days, and to the best of my knowledge has not been exposed to Rabies.

I hereby release Dr. Miranda Noseck, her agents and representatives, from any and all liability for said animal.

I have read and I understand this consent.

 Signature of Owner or Authorized Agent

 Signature of Witness

 Printed Name

 Printed Name