



# Lake Worth Animal Hospital

## EUTHANASIA CONSENT FORM

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

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

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Dr: \_\_\_\_\_

As the owner of \_\_\_\_\_ I do hereby consent and grant the veterinarians of Lake Worth Animal Hospital and all of their employees, agents, or representatives (collectively, the "Hospital") full and complete authority for EUTHANASIA (Humane death) to be performed on this pet in whatever manner deemed fit by the attending veterinarian, and I do hereby forever release and discharge the Hospital from any and all liability. For performing said after death care with the following stipulations included.

### PLEASE INDICATE YOUR DECISION FOR CARE OF REMAINS:

- Return remains for personal disposition
- Private cremation
- Communal cremation
- Please hold remains pending our decision

I further certify that \_\_\_\_\_ has not bitten any person or animal during the last Ten (10) days, and to the best of my knowledge has not been exposed to rabies.

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

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