



Maplewood Animal Hospital
 2969 W. Maplewood Ave
 Bellingham, WA 98225

EUTHANASIA CONSENT FORM

Owner's Name: _____

Address: _____

Street

Date: _____

City

State/Zip

Phone: _____

Alt. Phone: _____

Pet's Name: _____ Breed: _____

Sex: _____ Age: _____ Color/Markings: _____

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described above, that I do hereby give consent and order for euthanasia to be performed on the same for humane reasons, and in a humane manner. I further authorize Dr. _____ to dispose of the remains in accordance with hospital policy unless otherwise instructed.

I acknowledge that Dr. _____ has met with me personally and discussed the euthanasia of my animal. I also certify that to the best of my knowledge the said animal has not bitten any person or animal during the last fifteen (15) days, and has not been exposed to rabies. I further understand that I assume financial responsibility for all services rendered.

Again, by signing this form I am giving permission to end this animal's life and I have the authority to execute this consent.

 Signature of Owner or Agent

Date: _____

Invoice _____ Mailed _____

Private _____ RH _____

Group _____ Dr. Desk _____

Drug Log _____ MAF _____