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### **EUTHANASIA CONSENT FORM**

Date: \_\_\_\_\_ Name of Animal: \_\_\_\_\_  
Owner: \_\_\_\_\_ Species: \_\_\_\_\_  
Address: \_\_\_\_\_ Breed: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Color: \_\_\_\_\_  
Age: \_\_\_\_\_

I, the undersigned, certify that I am the owner (or an authorized agent for the owner) of the above request, consent to, and order euthanasia to be performed on the said animal. To the best of my knowledge, and belief, this animal has not bitten any person or animals during the past fifteen days and has not been exposed to rabies. I give Doctor \_\_\_\_\_ (his/her) agents, and representatives) full and complete authority to euthanize and dispose of the said animal in a humane manner and in accordance with the rules and regulations of the establishment. Furthermore, I forever release the doctor or representatives from any and all liability of the said euthanasia.

Signature of Owner: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

#### **PLEASE INDICATE YOUR DECISION FOR CARE OF REMAINS BY INITIALING BELOW:**

\_\_\_\_ Take the body home immediately after euthanasia

\_\_\_\_ Communal Cremation (ashes not returned)

\_\_\_\_ Private cremation (remains will be returned to WVC for pickup by owner unless otherwise specified.

Urn type: \_\_\_\_\_ size: \_\_\_\_\_ name plate: \_\_\_\_\_

\_\_\_\_ Please hold remains pending our decision. If I have not informed WVC of our decision within 10 days, I authorize communal cremation.

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10004 - 94A Ave. Westlock, AB T7P 2M9

Ph: 78-349-3663 Fax: 780-349-4323

*Dr. Jim Lawrence ~ Dr. Roy Lewis ~ Dr. Trevor Jackson ~ Dr. Tannis Jackson*

*Dr. Collin Lawrence ~ Dr. Melissa Hittinger*