

# Euthansia

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Animal's name: \_\_\_\_\_

Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Colour: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date of appointment: \_\_\_\_\_

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I, the undersigned, certify that I am the owner (or an authorized agent for the owner) of the above stated animal, and I 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: \_\_\_\_\_

Like to be present during this euthanasia:

I would     I would not

**Please indicate your decision for care of remains by initialing below:**

\_\_\_\_\_ Common cremation

\_\_\_\_\_ Private cremation

• Dark wood urn \_\_\_\_\_

• Light wood urn \_\_\_\_\_

• No urn \_\_\_\_\_

\_\_\_\_\_ Home burrial

\_\_\_\_\_ Special requests (fur clipping, extra pp, name plate inscription, etc.)

Privacy of personal information is an important principle to Central Veterinary Services. In compliance with the federal Personal Information Protection and Electronic Documents Act (PIPEDA), we are committed to collecting, using, and disclosing personal information responsibly and only to the extent necessary for the goods and services we provide. The primary purpose for collecting personal information is to provide veterinary services.