



3751 SE US HWY 281  
Medicine Lodge, KS 67104

## EUTHANASIA CONSENT FORM

Owner's name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Pet's Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Color/Markings \_\_\_\_\_

Reason for Euthanizing \_\_\_\_\_

I plan to (please check one):

\_\_\_\_\_ take my pet home to bury/cremate.

\_\_\_\_\_ have a private cremation performed (additional fees apply).

\_\_\_\_\_ release my pet to Redland Veterinary Hospital to dispose of according to their hospital policy (additional fees apply).

I, the undersigned, certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give Dr. Todd Stone, his agents, servants and representatives full and complete authority to euthanize and dispose of said animal in a humane manner. I release the doctor or representatives from any and all liability for euthanasia of said animal. I do 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.

**\*Exception\* The animal is being euthanized for rabies testing and authorities have been notified in cases of human exposure.**

Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_