

Capitol Equine Veterinary Services Euthanasia Consent Form

Date: _____

Client Name: _____ Client's Driver's License No: _____

Address: _____

Home Phone: _____ Work Phone: _____

Animal Name / ID: _____

Species: _____

Breed / Variety: _____ Sex: [M] [F]

Age: _____ DOB: _____ Color/Markings: _____

Tattoo or Brands _____

I certify that I am the legal owner/duly authorized agent for the owner (circle one) of the animal described above, and do hereby give Dr. Bartholomew, Capitol Equine Veterinary Services PC and any authorized agents, staff, or representatives full and complete authority to euthanatize and dispose of said animal in a humane manner. Unless otherwise agreed upon, disposition of the body of said animal is left to the judgment of the veterinarian. I hereby forever release Dr. Bartholomew the Capitol Equine Veterinary Services PC and any authorized agents, staff, or representatives from any and all liability for euthanasia and disposal of said animal. Cautions should be taken when disposing of animals euthanized with drugs/chemicals.

If the animal described above is insured under a mortality insurance policy or any other type of insurance policy, the owner/agent hereby agrees that it is his/her responsibility, and not the veterinarian's, to notify the insurance company as required by the terms of any applicable insurance policy.

I have read and understand this authorization. To the best of my knowledge, the information I have provided is true. I understand that my wishes may be carried out immediately upon my signing this agreement. Fees for these services have been explained to me.

Owner/Agent's (circle one) Signature: _____ Date: _____

Verbal/Phone release granted by/to: _____ / _____ Date: _____
Agent Clinician

Witness Signature: _____ Date: _____

I certify that if I am signing as an agent, I have the authority to execute this consent.

Name: _____

(Please Print)

Signed: _____ Date: _____

(Signature of Authorized Agent)