

Allegheny Equine 5015 Sampson Lane, Murrysville, PA 15668 | P: 724.325.4615 | F: 724.327.8302 | AlleghenyEquine.net

## **Consent for Euthanasia**

Date:	
Patient name:	
Description of Patient:	
(Breed, age, color, distinguishable markings)	
Owner:	
Agent (if present):	
I,	_ ( <i>owner</i> ), hereby consent to euthanasia of the

patient listed and described above and have made necessary arrangements for its aftercare.

Signature of Owner:
Signature of Agent (if present):
Signature of Veterinarian:
Signature of Witness: