

PIPER CREEK VETERINARY CLINIC

108, 166 Clearview Drive
RED DEER COUNTY, AB T4E 0A1
(403)346-8288

EUTHANASIA CONSENT FORM

DATE: _____
CLIENT ID: _____
OWNER'S NAME(S): (First Name) _____ (Last Name) _____
ADDRESS: _____ (Postal Code) _____
CITY: _____ PROVINCE _____
PHONE: HOME () _____ CELL () _____
PATIENT ID: _____
PATIENT NAME: _____
SPECIES: _____ BREED: _____
COLOR: _____
SEX: _____
DATE OF BIRTH: _____
DOCTOR: _____
REASON FOR EUTHANASIA: _____
PRIVATE CREMATION _____ OR GENERAL CREMATION _____

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the pet described above. I do hereby give the doctor of Piper Creek Veterinary Clinic, their staff and representatives full and complete authority to euthanize said _____.

(Name)

Unless take home by the owner the pet will be sent for cremation at the Red Deer S.P.CA or Red Deer Pet . Cemetery.

I do hereby release Piper Creek Veterinary Clinic, their staff and representatives from any and all liabilities for the euthanizing and disposing of my pet.

I do also certify that to the best of my knowledge, the said animal has not bitten any person or animal during the last ten (10) days and has not been exposed to Rabies.

SIGNATURE: _____ WITNESS: _____