

AUDUBON ANIMAL HOSPITAL
2450 West Parrish Ave., Owensboro, KY 42301
Phone 270-684-7288

EUTHANASIA CONSENT

As owner, or duly authorized agent of the owner of this pet prescribed hereon, I hereby consent to and order euthanasia to be performed on same for humane reasons.

I further authorize the attending veterinarian to dispose of the remains in accordance with hospital policy.

To the best of my knowledge and belief, this animal has not bitten any person during the fifteen (15) days preceding this date.

Signature

Date