



ROSS BRIDGE ANIMAL HOSPITAL

HOOVER • ALABAMA

**ROSS BRIDGE ANIMAL HOSPITAL**

2001 Greenside Way

Hoover, Alabama 35226

205-208-0301 - rossbridgeanimalhospital@gmail.com

**Client Information:**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Patient Information:**

Pet's Name: \_\_\_\_\_  
Pet's Age: \_\_\_\_\_  
Canine ☐ Feline ☐

**Euthanasia Consent**

19-Nov 2019

I, the undersigned, am at least 18 years old, and I am the owner / duly authorized agent for the owner of the animal described herein.

I hereby consent to and order euthanasia (humane death) to be performed on this animal forever releasing said doctor, hospital, and all agents from any and all liability for performing said euthanasia.

It is my desire to provide for my pet decent and humane after-death care, complying with all legal requirements of the area. I authorize the attending veterinarian to now dispose of the remains in accordance with hospital policy, releasing the hospital, doctor and agents from any and all liability for performing after-death care, with the following stipulations included (initial one):

- ☐ Return remains for personal disposition
- ☐ Communal burial or cremation (legal definitions)
- ☐ Private cremation with ashes returned
- ☐ Postmortem evaluation prior to the above disposition

I verify that said pet has not bitten any person or animal during the last fourteen (14) days and to the best of my knowledge has not been exposed to rabies. Owner Initials: \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date: \_\_\_\_\_