



## Euthanasia Consent

I, \_\_\_\_\_, certify that I am the legal owner and/or authorizing agent of \_\_\_\_\_ (patient's name). I hereby authorize First Equine Veterinary Services and any authorized staff or representatives full and complete authority to perform humane euthanasia for the patient listed above. I understand that this procedure will cause death of such animal and is irreversible.

I hereby forever release First Equine Veterinary Services and their staff or representatives from any and all liabilities for euthanasia and disposal of the above patient and in no way will hold First Equine Veterinary Services or their staff responsible for any damages incurred to property or facilities. First Equine Veterinary Services is not responsible for the fees or arrangements associated with disposal of my animal.

If the animal 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 First Equine Veterinary Services, to notify the insurance company as required by the terms of any applicable insurance policy.

State law requires post euthanasia rabies testing of any animal whom has bitten people/other animals or has been exposed to rabies virus. I understand that I am responsible to incur any and all of these costs.

I have read and understand this authorization. Fees for these services have been explained to me.

Patient Name: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_