

Bradford Pet Hospital  
12770 S Pflumm Rd  
Olathe, Kansas 66062  
913-768-6688 – bradfordpet@gmail.com



## Euthanasia Consent Form

Client Information	Patient Information
Name:	Name:
Address:	Birthday:
	Species:
Phone:	Breed:
E-mail:	Sex:

I, \_\_\_\_\_, am at least 18 years old, and I am the owner (or 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 (select one):

- Return remains for personal disposition
- Simple cremation (no ashes)
- Private cremation with ashes returned

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.

Signature: \_\_\_\_\_

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