

# Authority for Euthanasia

**(Euthanasia - the humane termination of life)**

I, ..... (Name)  
of .....

(Address)

being the owner/authorised agent of the owner (delete one) of the animal described below, consent to the euthanasia of this animal by a veterinarian at this practice.

Animal Name:

Species:

Breed:

Description:

Sex:

Date of Birth:

Registration Number: (if available)

If presented by Agent:

Owner's Name:

Address:

Signed .....

Witnessed by: ..... (Practice Staff Member)

Date

**Disposal of Body - Please tick the option that describes your wishes:**

- I agree to allow the practice to dispose of the body as they see fit.
- I wish the body to be returned to me/the owner.
- I request cremation but do not want the ashes returned to me/the owner.
- I request cremation and the ashes returned to me/the owner.