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Euthanasia Consent Form

	Owner:			
	Address:			
	Home Phone:			
	Mobile Phone:			
	-	1		
	Patient Name:			
	DOB:			
	Age: Breed:			
	Sex:			
	Colour:			
	20.04.1			
am the owner or duly authorised agent of the owner for the above-named animal, I hereby consent to and request humane euthanasia for my pet/animal by a veterinarian at this practice. Please tick accordingly: I wish the body to be returned to me / the owner for disposal/burial I request cremation and that the ashes be returned to me / the owner				
Signed for on beha	If of the owner:		CARE	
Witnessed by prac	cice staff member:		1 1	