



Euthanasia Consent Form

Georgian Triangle Humane Society
549 Tenth Line, Collingwood, Ontario L9Y 0W1
705-445-5204 www.gths.ca

PET OWNER'S DETAILS

Name: _____

Address: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email: _____

ANIMAL DETAILS

Name: _____ Dog Cat

Age: _____ Breed/Type: _____

Length owned: _____

I certify that I am the sole legal owner or duly authorized agent for the owner(s) and have the permission of all owners of the animal described above, and do hereby give Dr. Stephanie Dam, Georgian Triangle Humane Society Animal Hospital and any authorized agents, staff, or representatives full and complete authority to euthanize said animal in a humane manner. I understand that euthanasia is the act of ending the life of an animal in a painless way to prevent/alleviate any unnecessary suffering. _____ (initial)

I hereby forever release and hold harmless Dr. Stephanie Dam, the Georgian Triangle Humane Society Animal Hospital and any authorized agents, staff, or representatives from any and all liability for euthanasia and disposal of said animal.

To the best of my knowledge, the animal described above has not bitten, scratched, or otherwise potentially exposed or been exposed by any person or other animal to rabies in the past ten (10) days. I understand that if the animal described above has bitten or otherwise potentially exposed any person within the time specified, a rabies test must be performed. (initial)

I understand that after euthanasia, my animal will be communally cremated and that no ashes will be returned. Private cremation/burial is not an option.

To the best of my knowledge, the information I have provided is accurate and complete. I understand that the euthanasia may be carried out immediately upon my signing this agreement. Fees for these services have been explained to me, and I assume full responsibility for all charges applicable to such services. I have carefully read and fully understand the foregoing provisions.

Owner/Agent's Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Witness Printed Name: _____