

Mt. Bachelor Veterinary Hospital  
61535 S. Hwy 97 Suite #3  
Bend, OR 97702  
(541)-389-6612

## CONSENT FOR EUTHANASIA

Date: \_\_\_\_\_ Name of Pet: \_\_\_\_\_  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_ Breed: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

I am the owner of the above named animal or am legally responsible for its care and have the authority to request euthanasia (to be put to sleep humanely). I hereby release this animal to Mt. Bachelor Veterinary Hospital (MBVH) for euthanasia. I further agree to indemnify MBVH and its employees against claims arising from all services performed and to hold harmless MBVH from and against any liability arising out of this request.

**I DO ALSO CERTIFY THE ABOVE NAMED ANIMAL HAS NOT BITTEN ANY PERSON OR ANIMAL IN THE PAST FIFTEEN (15) DAYS, AND TO THE BEST OF MY KNOWLEDGE, HAS NOT BEEN EXPOSED TO RABIES.**

\_\_\_\_\_  
Signature of legal owner or representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of veterinarian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness (phone consent)

\_\_\_\_\_  
Date

I request that this animal's remains be cared for in the following manner:

\_\_\_\_\_ **Home burial** - I wish to take my pet's body home.

\_\_\_\_\_ **Cremation with no return of ashes** - I wish to have my pet cremated and understand the ashes will **NOT** be returned to me. There will be an additional charge for this service.

\_\_\_\_\_ **Private cremation with the return of ashes** - I wish to have my pet individually cremated and have the ashes returned to MBVH. There will be an additional charge for this service.