

EUTHANASIA CONSENT

Owner Name:

Date:

Patient Name:

As owner or duly authorized agent of the owner of the animal described above, I hereby authorize the veterinarian to administer, for humane reasons, euthanasia on said animal.

I further authorize the attending veterinarian to dispose of the remains in accordance with hospital policy or as chosen below.

Steinbeck Peninsula Equine Clinics offers the following choices for the remains of the patient listed above.

Please mark your selection below:

- Standard Removal
Remains are returned to the earth along with the remains of other animals.
- Private Cremation:
 - All ashes returned in a handcrafted wooden urn.
 - Small amount of ashes returned in a smaller urn.
 - I do not wish to have ashes returned.

In the event that my preference for aftercare has not been indicated above, I hereby authorize Steinbeck Peninsula Equine Clinics to arrange for standard aftercare and I agree to pay all associated expense.

Owner / Authorized Agent Signature

Date

Witness Signature

Date



STEINBECK★PENINSULA

EQUINE CLINICS

steinbeckpeninsulaequine.com

Monterey Bay/Salinas Area:

15881 Toro Hills Avenue, Salinas, CA 93908 | (831) 455-1808

San Francisco Bay Area:

100 Ansel Lane, Menlo Park, CA 94028 | (650) 854-3162
At the Portola Valley Training Center