

**Englewood Animal Health Center**

1830 Placida Rd  
Englewood Fl 34224  
941-474-8881 Fax 941-473-0740

\*An animal is currently vaccinated if he/she has been vaccinated with a three year rabies vaccine in the past three years (or in the last year if a one year rabies vaccine was used) and such vaccine was administered to the animal at least thirty days prior to having bitten any person or animal.  
Revised 07/26/11

**Consent Form for Euthanasia and Care for Remains**

I certify that I am the owner (or a duly assigned agent for the owner) of the animal described below. I give the doctors of Animal Hospital of Pensacola, their staff, and/or representatives full and complete authority to euthanize and arrange for care of the remains for this animal in the manner the doctors of Animal Hospital of Pensacola, their staff, or their associates deem fit and release them from any and all liability related to either action.

I also certify that to the best of my knowledge \_\_\_\_\_ has not bitten any person or animal during the last ten (10) days and has not been exposed to rabies and have been currently\* vaccinated for rabies.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE SIGNATURE OF OWNER

\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_  
PHONE NUMBER

ADDRESS  
Pet's Name \_\_\_\_\_ Color \_\_\_\_\_  
Species \_\_\_\_\_ Sex \_\_\_\_\_  
Breed \_\_\_\_\_ DOB \_\_\_\_\_

***We at Englewood Animal Health Center extend our deepest sympathy in the loss of your pet.***