



Animal Hospital of Pensacola

5001 N. 12th Ave
Pensacola, FL 32504
(850) 479-2900

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

ADDRESS

(____)_____
PHONE NUMBER

Pet's Name _____
Species _____
Breed _____

Color _____
Sex _____
DOB _____

***We at Animal Hospital of Pensacola extend our deepest sympathy
in the loss of your pet.***

*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.