



Energy Equine Euthanasia Consent Form

Owner Name: _____

Owner Address: _____

Phone Number: _____ Email: _____

Authorized Agent Name, Address & Phone Number: (if owner not present)

Name of Horse: _____

Sex: _____ Age: _____

Breed: _____ Color: _____

I (insert name of owner/agent) the undersigned, am the owner/duly authorized agent for the owner of the animal described hereon. I hereby consent to and order euthanasia (humane death) to be performed on this animal forever releasing (insert name of veterinary practice) and his/her agent from any and all liability for performing euthanasia.

It is my desire to provide for my pet decent and humane after-death care, complying with all legal requirements of the area. I authorize the attending veterinarian to now dispose of the remains in accordance with hospital policy, releasing the hospital, doctor, and agents from any and all liability for performing said after-death care, with the following stipulations included:

Requested method of aftercare:

Owner/Authorized Agent Signature:
_____ Date: _____

Veterinarian Signature:
_____ Date: _____