Euthanasia Consent Form

Knox County Humane Society
400 Columbus Road
Mount Vernon, Ohio 43050
740-392-2287
www.knoxhumanesociety.org

Owner's Name _____

Address _____

City & State _____ Zip Code _____

Telephone # _____

Pet's Name _____ Please circle One Cat Dog Other _____

Date of Birth or Age _____ Weight _____ Sex: M F Neutered/Spayed

Breed _____ Description (color/markings) _____

Reason for Euthanasia _____

Would you like to be present for the euthanasia? Yes No

Please circle one: I am taking my pet back home KCHS will take care of my pet

Cremation Service: We work with a cremation service to have pets cremated. There is an extra cost for this service based on weight. Please ask someone to go over this with you if you are interested. $ _____

Primary veterinarian: _____ Phone # _____

As a courtesy, Knox County Humane Society will advise your veterinarian of the passing of your pet so that they may update their records and have a chance to extend their condolences. if you do not wish for KCHS to call your veterinarian, please check this box ☐

Liability Statement and Consent

I am the owner or authorized representative of the pet described above and hereby give the Knox County Humane Society permission to humanely euthanize my pet. I hereby release KCHS staff and representatives from any and all liability for euthanizing and disposing of said animal. To the best of my knowledge, this animal has not bitten any human or any other animal within the last 10 days preceding this date (this is a legal statement regarding rabies).

Signature _____ Date _____