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Consent For Euthanasia

Date: _____

Owner's Name: _____

Phone Number: _____

Street Address: _____

Animal's Name: _____

Species: _____ Breed: _____ Sex: _____ Age: _____ Color: _____

I, the undersigned, certify that I am the owner, or duly authorized agent for the owner, of the animal described above. I do hereby give the agents, servants, and representatives of Northwest Florida Animal Clinic full and complete authority to euthanize and dispose of said animal in a humane manner. I release the doctor or representatives from any and all liability for euthanasia of said animal. I do also certify that, to the best of my knowledge, the above-described animal has not bitten any person or animals, and has not been exposed to Rabies in the last thirteen (13) days.

Yes No – I authorize NWFAC to perform a necropsy to attempt to determine the cause of death. This does not guarantee that a necropsy will be performed. This is not a full necropsy, and a report will not be generated. If you are interested in having a full necropsy performed, you will be referred to the Veterinary Diagnostic Laboratory in Elba, AL.

Owners can be called with the results of the necropsy, if the cause of death is determined.

Yes, I would like to be called

No, I do not wish to be called

Signature _____