

Skyway Animal Hospital
3258 5th Ave S
Saint Petersburg, FL 33712-1410
United States
(727) 327-5141

EUTHANASIA CONSENT FORM

Date: Thursday, April 23, 2026

Owner: Test McTester

Address:

Client ID #: 22292 Phone Number:

Pets Name: TestCat Patient ID#: 36693

Species: FELINE Breed: MUNCHKIN (Mixed)

Sex: FS Age: 3 years Color: Grey Tabby

I, the undersigned, hereby state that I am the [legal owner/legally authorized representative of the legal owner] of the above listed pet and authorized to make all medical decisions regarding this pet. I have declined any further care for the above pet and am hereby authorizing Skyway Animal Hospital to euthanize the above listed pet.

I agree to have Skyway Animal Hospital choose a euthanasia protocol at their sole and exclusive discretion and have had all my questions and concerns regarding this process answered prior to signing this consent. I attest that the above listed pet has not been exposed to rabies, has not bitten anyone, and has not displayed any signs of unusual attitude or aggression in the last 15 days.

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 Skyway Animal Hospital to take charge of my pet's remains in accordance with hospital policy, releasing the staff from any and all liability for performing said after-death care.

I request that this animal's remains be cared for in the following manner:

Private cremation with return of ashes. I wish to have my pet individually cremated offsite.

Cremation with no return of ashes. My pet's remains will not be returned to me.

Home burial. I wish to take my pet's body home.

I have read and understand this consent.

Signature of Owner: _____

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