



Mountain View Equine Hospital, PC

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Consent for Euthanasia

Owner: _____

Address: _____

Phone: _____

Email: _____

Horse Name: _____

Breed: _____ **Sex:** _____ **Age:** _____

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 Mountain View Equine Hospital to euthanize the above listed pet.

I agree to have Mountain View Equine 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 Mountain View Equine 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

Date