CONSENT TO EUTHANASIA

Owner details:

Full name: .....
Home address: .....
Telephone / email: .....

Patient details:

Animal's name and species: .....
Date of birth / age: .....
Identification (microchip/other): .....

I, the undersigned, declare that I am the owner of the patient or that I have the owner's consent to act on their behalf.

By signing below, I confirm that I have been informed of the patient's medical condition and consent to the patient's euthanasia.

After the euthanasia has been performed, I will/will not* leave the patient's body at Medicanima Scintivet veterinary clinic for disposal in accordance with applicable regulations.

Prague, date

Handwritten signature of the owner or authorised representative