



EUTHANASIA CONSENT FORM

Owner/Client: _____ Phone Number: _____
Mailing Address: _____ Farm Address: _____

Name of Animal: _____
Breed: _____ Colour: _____ Gender: _____ Age: _____

I, the undersigned, certify that I am the owner (or authorized agent for the owner) of the above stated animal and I consent to and order euthanasia to be performed on said animal. To the best of my knowledge and belief, this animal has not bitten any person or animals during the last 10 days and has not been exposed to rabies. I give the veterinarian(s) and staff of Align Equine Veterinary Services (AEVS) full and complete authority to euthanize said animal in a humane manner in accordance with the rules and regulations of the establishment. Furthermore, I forever release the veterinarians and staff of AEVS from any and all liability of said euthanasia.

I understand that as owner of above animal I am responsible for the remains of the horse after euthanasia, either buried in accordance with the rules set forth by the Government of Alberta or employ the services of a bereavement service.

If a body is to be buried the following requirements must be met:

- At least 6' feet deep and the top of the body must be covered with at least 4' of soil
- At least 100m from any residence
- At least 300m from any provincial highway
- At least 25m from any embankment or coulee
- At least 100m from any water source

Bereavement companies:

- ATIM Pet Crematory 780-915-9187
- Just Passing 1-844-680-4177

Additional Requests: _____

Signature of Owner/Agent _____

Date: _____

Signature of Veterinarian _____

Date: _____

FOR ALIGN EQUINE VETERINARY SERVICES USE ONLY

Method of euthanasia: euthanyl forte lidocaine intrathecal potassium chloride intravenous

Amount of drug used: _____ Bottle Number: _____

Recorded YES Card Sent YES Marked deceased YES