

**YAMHILL COUNTY HEALTH AND HUMAN SERVICES
DEPARTMENT**

PUBLIC HEALTH - ENVIRONMENTAL HEALTH

412 NE FORD - MCMINNVILLE, OR 97128 (503) 434-7483 Fax (503 434-7549)

Euthanasia Consent Form

Owner Name: _____
Animal ID: _____ Pet name _____
Age: _____
Sex: _____
Species/Breed: _____

OAR's 333-019-0024 Management of Animal Bites

(1) The circumstances surrounding bites of humans by mammals shall be investigated by the local public health administrator (in this instance, Yamhill County Public Health) in accordance with the Investigative Guidelines published by the Authority. (2) Except as provided in section (3) of this rule, any dog, cat, or ferret that has bitten a person shall be held for observation until the 10th day following the bite.

I, the owner (or agent for the owner), of the animal described above, do hereby authorize _____ to: (Name of Facility)

_____ EUTHANIZE the described animal. I attest this animal, to my knowledge, has Not bitten anyone in the past ten (10) days.

_____ EUTHANIZE the described animal. This animal has, in fact, bitten an immediate family member in the past ten (10) days. I choose for the above mentioned animal to NOT undergo post-mortem rabies testing.

_____ EUTHANIZE the described animal. The animal has, in fact, bitten a third party and in consultation with the victim and the health authorities the animal will undergo post mortem rabies testing. **Specimen will be sent to** _____.

_____ DISPOSE of the body of the described animal. I have read and understand this consent.

Signature of Owner/Agent _____

Date ____/____/____ Time: ____:____ am/pm

Signature of Witness _____

Euthanasia of the described animal was performed on ____/____/____ (Date) at _____(Time)