



Department of Agriculture
Cayman Islands Government

P.O. Box 459
Ky1-1106
Grand Cayman

Ph: 345-947-3090
E: agriculture@gov.ky

EUTHANASIA CONSENT FORM

OWNER'S INFORMATION

Name: _____

P. O. Box _____ KY - _____

Physical Address _____

Ph: _____

ANIMAL(S) INFORMATION

Species	Breed	Age	Sex	Description	Identification	Reason for Euthanasia

AUTHORISATION & DECLARATION

I am the owner / duly-authorized agent for the owner (delete where appropriate) of the abovementioned described animal(s) and have the authority to execute this consent.

I hereby consent and authorise the representatives of the Cayman Islands Department of Agriculture to euthanise the above-described animal(s). I understand that this procedure involves the humane destruction of the animal(s).

To the best of my knowledge and belief the animal(s) has/have not bitten any person or other animal during the 15 days preceding this date. *(If this statement is untrue, evidence that the matter has been settled successfully must be presented)*

DISPOSAL

- ☐ I authorise the Department of Agriculture to dispose of the carcass
- ☐ I hereby donate the carcass for research/education purposes.
- ☐ I will be responsible for the disposal

Owner's Signature

Date