

EUTHANASIA AUTHORIZATION

<company>
<co-address>
<co-city>, <co-st> <co-zip>
<co-phone>

Date: <date>
Case No: <number>

Owner: <first-name> <last-name>
Street: <address>
City: <city>,<st> <zip>
Phone: <phone>

Name: <animal>
Breed: <breed>
Sex: <sex-name>
Age: <age>
Color: <color>

Authorization to Perform Euthanasia

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above; that I do hereby give the doctors of <company> full and complete authority to euthanize the said animal in whatever manner the said doctors of <company>, their agents, servants or representatives deem fit.

I also release the doctors, <company>, their agents, servants and representatives for any and all liability for so euthanizing and disposing of said animal.

I do also certify that the said animal has not bitten any person or animal during the last fifteen (15) days, and to the best of my knowledge has not been exposed to Rabies.

Authorization For Care Of Deceased Pet

I hereby authorize the following for the aftercare of my pet:

_____ General Cremation – a communal or group service; ashes will NOT be returned to owner.

_____ Private Cremation – individual service; ashes WILL be returned to hospital in an urn; owner will be contacted at _____(phone) to pick up remains when they have been returned to the hospital in approx.. 10 days.

_____ Home Burial – pet's remains will be taken home with owner or owner's agent today.

Signed: _____