



AUTHORIZATION TO PERFORM EUTHANASIA

Name: _____ Age: _____ Sex: _____

Breed: _____ Color: _____

I, the undersigned, am the owner/duly-authorized agent for the owner of the animal described hereon. I verify that said pet has ***not bitten any person or animal during the last 14 days***, and to the best of my knowledge has not been exposed to rabies. I hereby consent to and order euthanasia (humane death) to be performed on this animal, and forever releasing said doctor and her agent from any and all liability for performing said euthanasia.

It is my desire to provide for my pet, decent and humane after-death care, complying with all legal requirements of the area. I authorize the attending veterinarian to now dispose of the remains in accordance with hospital policy, releasing the hospital, doctor, and agents from any and all liability for performing said after-death care, with the following stipulations included:

_____ Return remains for personal disposition

_____ Communal burial or group disposal (legal definitions)

_____ Cremation

_____ communal (no ashes returned)

_____ individual (with ashes returned)

Signature of owner/authorized agent:

_____ Date _____