



## ANIMAL CLINIC & HOSPITAL EUTHANASIA AUTHORIZATION

Owner Name:	Phone Number:
Patient Name:	Species/Breed:

I certify that I am the legal (check one)  Owner  Duly authorized agent for the owner of the animal described above, and do hereby give Dr. \_\_\_\_\_, the Animal Clinic & Hospital, and any authorized agents, staff, or representatives full and complete authority to euthanize and dispose or arrange for cremation of said animal in a humane manner.

I hereby forever release Dr. \_\_\_\_\_, of the Animal Clinic & Hospital and any authorized agents, staff or representatives from any and all liability for euthanasia and disposing of said animal.

State law requires post euthanasia rabies testing of any animal that has bitten people or other animals or has been exposed to the rabies virus in the last 10 days.

- I do also certify to the best of my knowledge the said animal has not bitten any person or animal during the last 10 days and has not been exposed to the rabies virus.
- Said animal has bitten a person or animal or has been exposed to the rabies virus in the last 10 days. I understand that said animal must be tested for the rabies virus after euthanasia. *Remains cannot be returned after rabies testing.* Ashes may be returned if specified below.

I request that this animal's remains be cared for in the following manner:

- Private cremation with return of ashes.
- Cremation with no return of ashes. My pet's remains will not be returned to me.
- Home burial. I wish to take my pet's body home.

I have read and understand this authorization. To the best of my knowledge, the information I have provided is true. I understand that my wishes may be carried out immediately upon my signing this agreement. Fees for these services have been explained to me.

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verbal/Phone release granted by/to: \_\_\_\_\_ Date: \_\_\_\_\_  
(Agent/Clinician)

Witness Signature: : \_\_\_\_\_ Date: \_\_\_\_\_