

EUTHANASIA AUTHORIZATION

As owner or duly authorized agent of the owner for the above named animal, I hereby consent to and order euthanasia to be performed on the same for humane reasons. I also authorize the veterinarian to dispose of the remains in accordance with hospital policy.

To the best of my knowledge and belief, this animal has not bitten any person during the fifteen days _____ (Owner's initials) preceding this date.

SIGNATURE OF OWNER: _____ DATE: _____

Take home for burial _____

Burial _____

Cremation _____ (no ashes)

Private cremation _____ (ashes returned)

Paw Print _____

Hospital Use only:

Verify Driver's license _____

Card _____

All bills to be paid (cash or card) prior to the euthanasia of the animal