

# EUTHANASIA AUTHORIZATION

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Patient Name \_\_\_\_\_

Species \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

I, the undersigned, certify that I am the owner (or duly authorized agent for the owner) of the animal described above. I hereby give Main Street Veterinary Clinic full authorization to euthanize and dispose of said animal in a humane manner. I release the doctor and staff from any and all liability for euthanasia of the said animal. I certify that to the best of my knowledge this animal has not bitten any person or animal during the last fifteen (15) days, and has not been exposed to Rabies.

Signed \_\_\_\_\_

### Arrangements for remains:

Owner will take remains home

Main Street Veterinary Clinic will take care of remains

Private Cremation of remains with ashes returned to owner

Other \_\_\_\_\_

For your convenience, you may email, fax, or bring this form to the office.