

AUTHORIZATION TO PERFORM EUTHANASIA

I, the undersigned, am the owner or duly authorized agent of the animal described hereon. I verify that said pet has not bitten any person or animal during the last ten (10) days and to the best of my knowledge has not been exposed to Rabies. I hereby consent to and request humane euthanasia for my pet. I have been informed of all my options for disposition of the body and hereby authorize the attending veterinarian to dispose of the remains in accordance with hospital policy and via the option I have selected below:

Return remains to me for personal disposition

Communal Cremation

Private Cremation w/ ashes returned

Paw Imprint

Signature _____ Date _____