MODEL EUTHANASIA AUTHORIZATION

Veterinary Business Name:					
Address:					
Date:		Case/Client Number:			
Owner's Name:					
Owner's Address:					
Owner's Telephone Number:					
Patient's Name:		Microchip Number:		Age:	
Species/Breed:					
Sex:		Weight:		Color:	

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 _____(*Veterinary Business Name*) and any authorized agents, staff, orrepresentatives full and complete authority to euthanatize and dispose or arrange for cremation of said animal in a humanemanner.

I hereby forever release Dr._____, of the_____(*Veterinary Business Name*) 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 who has bitten people/ other animals or been exposed to rabies virus in the last_____days.

I do also certify to the best of my knowledge the said animal has not bitten any person or animal during thelast _____days and has not been exposed to rabies virus.

Said animal has bitten a person or animal or been exposed to rabies virus in the last_____days. I understand that said animal must be tested for rabies virus after euthanasia. *Remains cannot be returned afterrabies 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 further authorize the attending veterinarian to dispose of remains in accordance with hospitalpolicy.

My preference concerning necropsy (autopsy) is:

I decline the option of necropsy.

I authorize a necropsy. I understand it may not be possible to have the remains returned to me.

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's Signature: _____ Date:

Verbal Phone release granted by/to: _____ Date:

Agent/Clinician

Witness Signature: Date:

I certify that if I am signing as an agent, I have the authority to execute thisconsent.
(Please print name) Date:
(Signature of authorized agent)