

Lee's Summit Animal Hospital

Euthanasia Authorization

| | |
|---|----------------------|
| Client Name: Address: Phone: | Patient Name: |
|---|----------------------|

Date _____

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above; that I do hereby give the doctors of Lee's Summit Animal Hospital full and complete authority to euthanize the said animal in whatever manner the said doctors of Lee's Summit Animal Hospital, their agents, servants or representatives deem fit. I also release the doctors, Lee's Summit Animal Hospital, their agents, servants and representatives for any and all liability for so euthanizing and disposing of said animal. I do also certify that the said animal 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.

SIGNED: _____

I would like:

Individual Cremation: _____
(Ashes returned)

The fee for individual cremation will vary by pet weight (plus euthanasia)

Simple Cremation: _____
(No ashes returned)

Other: _____