

EUTHANASIA AUTHORIZATION

<company>

<co-address>

<co-city>, <co-st> <co-zip>

Date: <date>

Case No: <number>

Owner: <first-name> <last-name>

Street: <address>

City: <city>

Phone: <phone>

Name: <animal>

Breed: <breed>

Sex: <sex-name>

Age: <age>

Color: <color>

Markings:

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 Hospital Owner, DVM, his agents, servants, and represent-atives full and complete authority to euthanize the said animal in whatever manner the said Doctor, his agents, servants, or represent-atives shall deem fit.

I do hereby, and by these presents forever release the said Doctor, his agents, servants, or representatives from any and all liability for so euthanizing the said animal.

I do also certify that the said animal has not bitten any person or animal during the last fifteen (15) days, and to the best of my knowledge has not been exposed to Rabies.

Signed: _____