

Euthanasia Authorization

Client ID:
Client Name:
Address:

Telephone:

Patient ID:
Name:
Species:
Breed:
Sex:
Color:
Markings:
Birth Date:

We know that saying goodbye to a beloved pet is never easy, but we are here to help you every step of the way. Please fill out the following form before your appointment with us. Let us know if you have any questions.

I, the undersigned, certify that I am the owner (or duly authorized agent of the owner) of the animal described above, request, consent to, and order euthanasia to be performed on said animal.

I give Handsboro Animal Hospital, its agents and representatives, full and complete authority to euthanize said animal in a humane manner and in accordance with the rules and regulations of this establishment. Furthermore, I release the veterinarian, representative, and hospital from any and all liability of said euthanasia.

I understand that euthanasia is the act of ending the life of an animal in a painless way to prevent unnecessary suffering.

I also certify that, to the best of my knowledge, the said animal has not bitten anyone in the past 10 days.

Please select one of the following:

- ☐ I, the undersigned, accept full and total responsibility for the remains following the procedure. I have read all applicable laws regarding disposal of remains, I understand the laws and the inherent dangers of disposing of animals that have been euthanized with chemicals.
- ☐ I agree to release the remains of said animals to A Pet's Memory, through Handsboro Animal Hospital, and would like the cremated remains returned to me.
- ☐ I agree to release the remains of said animals to A Pet's Memory, through Handsboro Animal Hospital, and would NOT like the cremated remains returned to me.

I have read and understand all that is above: _____

Signature