

# Euthanasia Authorization Form

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-Owner Name \_\_\_\_\_ Alt Phone \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Pet \_\_\_\_\_ Dog \_\_\_\_ Cat \_\_\_\_ Other \_\_\_\_  
Breed \_\_\_\_\_ Sex : M/F Age \_\_\_\_\_ Color \_\_\_\_\_

Regular Veterinarian \_\_\_\_\_

I, the undersigned, am the owner (or duly authorized agent for the owner) of the animal described above. I hereby give Dr. James, her employees and representatives, full and complete authority to euthanize this animal, and release the doctor and all representatives from any and all liability for the euthanasia of said animal. I further understand that I assume all financial responsibility for all services rendered.

I also certify that to the best of my knowledge, the animal has not bitten any person or animal during the last 15 days, and has not been exposed to rabies.

I authorize the attending veterinarian and staff to take charge of my pet's remains in accordance with my wishes as detailed below, releasing the veterinarian and her agents from any and all liability for performing said after-death care.

## PLEASE INDICATE YOUR DECISION FOR CARE OF REMAINS BY INITIALING BELOW:

\_\_\_\_ Leave remains for personal disposition (home burial, owner-arranged cremation, etc.)

\_\_\_\_ Communal Cremation (Ashes will NOT be available) performed by Hartsdale Pet Cemetery

\_\_\_\_ Private Cremation (Ashes WILL be available) performed by Hartsdale Pet Cemetery

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

Office Use Only

CID \_\_\_\_\_ SC \_\_\_\_ rDVM \_\_\_\_ ROD \_\_\_\_ DL \_\_\_\_ INV \_\_\_\_

E \_\_\_\_ But \_\_\_\_ Mid \_\_\_\_ Xyl \_\_\_\_ Ket \_\_\_\_ Tel \_\_\_\_ Ace \_\_\_\_