

Euthanasia Authorization

Date: _____
Client name: _____
Address: _____
Home phone: _____
Animal name: _____
Age: _____ Sex: _____ Breed: _____ Tattoo: _____
Color and Markings: _____

I certify that I am the legal owner/duly authorized agent for the owner (circle one) of the described above, and do hereby give _____ to euthanize of said animal in a humane manner. I hereby forever release _____, County of _____ from any and all liability for euthanasia of said animal. Cautions should be taken when disposing of animals euthanized with drugs/chemicals.

To the best of my knowledge, the animal described above has not bitten scratched or otherwise potentially exposed any person or other animal in the past thirty (30) days.

I understand that if the animal described above has bitten or otherwise potentially exposed a person within the time specified, a rabies test must be performed.

If the animal described above is insured under mortality insurance policy or any other type of insurance policy, the owner/agent hereby agrees that it is his/her responsibility. And not the veterinarian's, to notify the insurance company as required by the term of any applicable policy.

I have read and understand this authorization. To the best of my knowledge, the information I provided is true. I understand that my wishes may be carried out immediately upon my agreement. Fees for these services have been explained to me.

This animal will be immediately buried or removed for cremation or other disposal, and will not be left in such a manner that could injur wildlife.

Owner/Agent Signature _____ Date _____

Witness _____ Date _____

Verbal/Phone release _____ / _____ Date _____

Agent

Clinician

I certify that I am signing as an agent, I have the authority to execute this consent.

Name: _____

Signed: _____ Date _____