

Euthanasia Authorization Form



Owner Name _____ Phone _____

Address _____

Name of Pet _____ Species _____ Breed _____

Sex: M ___ F ___ Altered: Y ___ N ___ Color _____ Age _____

Referring Veterinarian _____

I, the undersigned, am the legal owner (or authorized agent for the owner) of the animal listed above. I hereby authorize Ocoee Animal Hospital to euthanize this animal, and release the doctor and all representatives from any and all liability for the euthanasia of said animal. I understand that payment is due at time of services rendered.

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

Care of remains:

- _____ Leave remains for personal disposal (home burial, ect.)
- _____ Communal Cremation (Ashes will NOT be returned)
- _____ Private Cremation (Ashes WILL be returned)

Signed _____ Date _____

To be completed by attending doctor

Doctor print name _____ Date _____

Signature _____