



Last Name: _____, **First Name:** _____

Number: _____

Pet Name: _____

Breed: _____

Color: _____

Age: _____, **Sex:** _____

Weight: _____ **kg**

Doctor:

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 the above mentioned Doctor, his agents, servants, and representatives full and complete authority to euthanize the said animal in whatever manner the said Doctor, his agents, servants, or representatives shall deem fit.

I do hereby 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.

For the remains of my pet I elect: (circle one)

- * **Take remains home**
- * **Group cremation** (*No Ashes back*)
- * **Private cremation** (*Ashes back with a Wooden Urn*)
- * **Ink / Clay Paw Print**

Signed: _____ Date _____
Owner/Agent

Witness: _____ Date: _____

* Remains that are not claimed after 60 days will be disposed of.