

## **Euthanasia Authorization**

Client ID:  
Client Name:  
Address:

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

Telephone: \_\_\_\_\_,

I, the undersigned, do hereby certify that I am the owner/authorised agent(cross out non applicable) of the animal described above, that I do hereby give the doctors of \_\_\_\_\_ permission to euthanase my animal in a manner the said doctors of \_\_\_\_\_, their agents, servants or representatives deem fit. I also release the doctors of \_\_\_\_\_, their agents, servants and representatives for any and all liability for so euthanasing and disposing of my animal.

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