



AUTHORIZATION FOR EUTHANASIA

Customer Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Customer Email _____

Animal Name _____ Species _____ Sex: ☐ Male ☐ Female

Breed _____ Color _____ Age _____

Vet Clinic _____ Weight _____

I, the undersigned, certify that I am the owner, or duly authorized agent for the owner, of the animal described above. I do hereby give the **Doctor**, staff and agents complete authority to euthanize the animal described above. I release the **Doctor**, staff and agents from any and all liability for euthanasia of said animal.

I understand that euthanasia involves administering an intravenous injection of sodium pentobarbital causing painless and irreversible death of the animal described above.

I certify, to the best of my knowledge, the above described animal has not bitten any person or animal during the last 10 days and has not been exposed to rabies.

Signature

Date

Additional information:

Euthanasia at clients home _____

Euthanasia at CACS suite _____

Service Requested (hb, m/c, p/c) _____