

Authorization For Euthanasia

Client Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Animal Name: _____ Species: _____ Sex: Male Female

Breed: _____ Color: _____ Age: _____

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 Emerson Animal Hospital, its veterinarians, staff and agents complete authority to euthanize and dispose of the animal described above. I release Emerson Animal Hospital, its veterinarians, 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 had not bitten or scratched any person or animal during the last fifteen days and had not been exposed to rabies.

Signature: _____ **Date:** _____