

Euthanasia Certificate

Owner's Name: _____ Date: _____

Animal's Name: _____ Weight: _____

Species: _____ Sex: _____ Breed: _____ Color: _____

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 Doctors of Mt. Airy Animal Hospital and the Andorra Veterinary clinic, their agents, servants, or representatives, full and complete authority to euthanize and dispose of said animal in whatever manner the said Doctor's of Mt. Airy Animal Hospital and the Andorra Veterinary Clinic, their agents, servants, or representatives shall deem fit; and do hereby, and by these present, forever release the said doctors, their agents, servants, or representatives from any and all liability for so euthanizing and disposing of the said animal. I do also certify that to the best of my knowledge the said animal has not bitten any person or animal during the last ten (10) days and has not been exposed to rabies.

I hereby authorize disposition of my pet's body in the following way:

Group Cremation _____ (ashes will not be returned)

Private Cremation _____ (ashes will be returned)

Take Home _____

Hold _____

(I understand if I do not call within 24 hours as to the disposal of my pet, group cremation will automatically be done at the owner's expense.)

Signature: _____