



The Animal Hospital

Home Town Values State of the Art Medicine

Date: _____

Animal Species/Breed: _____ Name: _____

Sex: _____ Age: _____ Color: _____

Owner's Name: _____

Address: _____ Phone: _____

Euthanasia Permission Record

I, the undersigned, do hereby certify that I am the owner or the duly authorized agent of the owner of the animal described above, that I am 18 years of age or older, and that I do hereby give Doctor _____, his or her agents, assistants and representatives full and complete authority to humanely euthanize the said animal; and I do hereby and by these present forever release this veterinary facility and its employees from any and all liability for so euthanizing 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 fifteen (15) days and has not been exposed to rabies.

Date: _____ Signature: _____

Authorization for Disposition of Animal Remains

I hereby certify that I am the owner or authorized agent for the owner of the animal described above and that I am 18 years of age or older. I hereby authorize the following method of disposition:

- Individual Cremation at Mohawk & Hudson. Cost of individual cremation varies.
- Regular Cremation at Mohawk & Hudson. Cost of regular cremation varies.
- Release remains to owner for personal disposal. Local laws on burial may apply.

Form completed by veterinarian upon oral consent of owner. Witness to owner's oral consent

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