

## MODEL EUTHANASIA AUTHORIZATION

|  |                                    |                            |  |                 |              |
|--|------------------------------------|----------------------------|--|-----------------|--------------|
| <b>Veterinary Facility Name:</b>   |                                    |                            |  |                 |              |
| <b>Address:</b>  |                                    |                            |  |                 |              |
| <b>Date:</b>   |                                    | <b>Case/Client Number:</b> |  |                 |              |
| <b>Owner's Name:</b>   |                                    |                            |  |                 |              |
| <b>Owner's Address:</b>  |                                    |                            |  |                 |              |
| <b>Owner's Telephone Number:</b>   |                                    |                            |  |                 |              |
| <b>Patient's Name:</b>   |                                    | <b>Microchip Number:</b>   |  | <b>Age:</b>     |              |
| <b>Species/Breed:</b>  |                                    |                            |  |                 |              |
| <b>Sex:</b>  |                                    | <b>Weight:</b>             |  | <b>Color:</b>   |              |
| <p>I certify that I am the legal (check one) <input type="checkbox"/> owner <input type="checkbox"/> duly authorized agent for the owner of the animal described above, and do hereby give Dr. _____, the _____ Veterinary Hospital and any authorized agents, staff, or representatives full and complete authority to euthanize and dispose or arrange for cremation of said animal in a humane manner.</p>  |                                    |                            |  |                 |              |
| <p>I hereby forever release Dr. _____, of the _____ Veterinary Hospital and any authorized agents, staff or representatives from any and all liability for euthanasia and disposing of said animal.</p>  |                                    |                            |  |                 |              |
| <p>State law requires post euthanasia rabies testing of any animal who has bitten people/ other animals or been exposed to rabies in the last _____ days.</p> <p>I do also certify to the best of my knowledge the said animal has not bitten any person or animal during the last _____ days and has not been exposed to rabies.</p> <p>Said animal has bitten a person or animal or been exposed to rabies in the last _____ days. I understand that said animal must be tested for rabies after euthanasia. <i>Remains cannot be returned after rabies testing.</i> Ashes may be returned if specified below.</p> |                                    |                            |  |                 |              |
| <p>I request that this animal's remains be cared for in the following manner:</p> <p>Private cremation with return of ashes. I wish to have my pet individually cremated offsite.</p> <p>Cremation with no return of ashes. My pet's remains will not be returned to me.</p> <p>Home burial. I wish to take my pet's body home.</p> <p>I further authorize the attending veterinarian to dispose of remains in accordance with hospital policy.</p>  |                                    |                            |  |                 |              |
| <p>My preference concerning necropsy (autopsy) is:</p> <p>I decline the option of necropsy.</p> <p>I authorize a necropsy.</p>   |                                    |                            |  |                 |              |
| <p>I have read and understand this authorization. To the best of my knowledge, the information I have provided is true. I understand that my wishes may be carried out immediately upon my signing this agreement. Fees for these services have been explained to me.</p>  |                                    |                            |  |                 |              |
| Owner  | Agent's Signature: _____           |                            |  | Date: _____     |              |
| Verbal   | Phone release granted by/to: _____ |                            |  | Date: _____     |              |
|  |                                    |                            |  | Agent/Clinician |              |
| <b>Witness Signature:</b>  |                                    |                            |  | <b>Date:</b>    |              |
| <p>I certify that if I am signing as an agent, I have the authority to execute this consent.</p>   |                                    |                            |  |                 |              |
| (Please print name)  |                                    |                            |  |                 |              |
|  |                                    |                            |  |                 | <b>Date:</b> |
| (Signature of authorized agent)  |                                    |                            |  |                 |              |

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