

EUTHANASIA RELEASE

DATE: _____

OWNER/AGENT: _____ TELEPHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIPCODE: _____

PET: _____ BREED: _____ COLOR: _____

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above, that I do hereby give Aledo Veterinary Clinic full and complete authority for the humane euthanasia of the above said animal, and hereby release the doctor and his/her representatives from any and all liability for so doing.

I do also certify that this animal has not bitten any person or animal during the last fifteen (15) days, and to the best of my knowledge has not been exposed to Rabies.

SIGNED: _____ DATE: _____

SIGNATURE

NAME

DISPOSTION OF ANIMAL REMAINS RELEASE

I request communal cremation with no return to be arranged by Aledo Veterinary Clinic

I request private cremation with return to be arranged by Aledo Veterinary Clinic

I will remove the animal remains myself today.

I will make arrangements for private burial or cremation with a pet cemetery of my choosing.

I understand that animal remains abandoned at this facility will be disposed of via communal cremation, no return, and I will be billed for that service.

SIGNED: _____ DATE: _____

SIGNATURE

NAME