

## Euthanasia Information and Release Form

Owners Name: \_\_\_\_\_

Owners Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Animals Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: Male ( ) Female ( )

Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Weight of Pet: \_\_\_\_\_

Rabies Vaccination is current? Yes ( ) No ( ) N/A ( )

Post Mortem Care: (choose one below)

- ( ) Communal Cremation with no ashes returned
- ( ) Private Cremation with ashes back
- ( ) I have made other burial/cremation arrangements

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent of the owner) of the animal described above, and that I do hereby give the doctors(s) of Red Hills Animal Hospital, his agents, servants, and representatives full and complete authority to euthanize and dispose of said animal in whatever manner the said doctor of Red Hills Animal Hospital, his agents, servants, or representatives shall deem fit. I do hereby release said doctor or doctors of the Red Hills Animal Hospital, his agents, servants, or representatives from any and all liability for euthanizing and disposing of said animal.

I do also certify to the best of my knowledge that said animal has not bitten any person or animal in the last 15 days, and/or has not been exposed to rabies.

Signed \_\_\_\_\_