



AUTHORIZATION TO PERFORM EUTHANASIA

Client Information:

Name: _____

Address: _____

Phone #: _____

Patient Information:

Name of Pet: _____ Species: _____

Age: _____ Sex: _____ Color/Description: _____

Veterinarian: _____ Date: _____

I, the undersigned, am the owner (or duly authorized agent for the owner) of the animal described above. I hereby consent to and order euthanasia (humane death) to be performed on this animal, forever releasing the **Action Care Mobile Veterinary Clinic, LLC** and its staff from any and all liability for performing said euthanasia.

To the best of my knowledge, my pet has not bitten or scratched anyone within the last 10 days.

It is my desire to provide for my pet decent and humane after-death care, complying with all legal requirements of the area. I authorize the attending veterinarian and staff to take charge of my pet's remains in accordance with hospital policy, releasing the hospital, veterinarians, and agents from any and all liability for performing said after-death care, with the following stipulations included:

PLEASE INDICATE YOUR DECISION FOR CARE OF REMAINS BY INITIALING BELOW:

_____ I will keep remains for personal disposition

_____ Communal cremation to be taken care of through Action Care Mobile Veterinary Clinic, LLC

_____ Private cremation arranged through Action Care Mobile Veterinary Clinic, LLC

_____ Please hold remains pending our decision. If I have not informed **Action Care Mobile Veterinary Clinic, LLC** of our decision within 10 days, I authorize communal cremation.

Dated at _____ hour, on this day of _____, 20____.

Signature

Witness