

**AUTHORIZATION FOR EUTHANASIA**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     State: \_\_\_\_\_\_\_  Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Cell Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Animal Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Species:  DOG   CAT       Sex:   MALE   FEMALE

Breed:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Age: \_\_\_\_\_\_\_\_\_

I, the undersigned, certify that I am the owner, or duly authorized agent for the owner, of the animal described above. I do herby give Kleinschmit Veterinary Services, LLC and it’s veterinarian complete authority to euthanize and dispose of the animal described above. I release Kleinschmit Veterinary Services, LLC and it’s veterinarian from any and all liability for euthanasia of said animal.

I understand that euthanasia involves administering an intravenous injection of sodium pentobarbital causing painless and irreversible death of the animal described above.

I certify, to the best of my knowledge, the above-described animal had not bitten or scratched any person or animal during the last ten (10) days and had not been exposed to rabies.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

CIRCLE ONE: PRIVATE CREMATION GROUP CREMATION HOME BURIAL