

## Euthanasia Authorization

Client ID: \_\_\_\_\_ Patient ID: \_\_\_\_\_  
Client Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Species: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Color: \_\_\_\_\_  
Markings: \_\_\_\_\_  
Birth 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 Kurtz Veterinary Clinic and its staff from any and all liability for performing said euthanasia. This animal has not bitten anyone in 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:

\_\_\_\_\_ Return remains for personal disposition

\_\_\_\_\_ Disposal at the discretion of Kurtz Veterinary Clinic. Extra charges apply.

\_\_\_\_\_ Companion cremation (remains will be scattered in rural setting). Extra Charges apply.

\_\_\_\_\_ Private cremation (remains will be returned to **Kurtz Veterinary Clinic** for pickup by owner unless otherwise specified). Extra charges apply.

\_\_\_\_\_ Please hold remains pending our decision. If I have not informed **Kurtz Veterinary Clinic** of our decision within 5 days, I authorize disposal at the clinic's discretion. Extra charges apply.

\_\_\_\_\_  
Signature

\_\_\_\_\_ Date \_\_\_\_\_