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MODEL EUTHANASIA AUTHORIZATION

Veterinary Business Name:							
Address:							
Date:				Case/Client Number:			
Owner's Name:							
Owner's Address:							
Owner's Telephone Number:							
Patient's Name:			Microchip Number:		Age:		
Species/Breed:							
Sex:			Weight:			Color:	
<p>I certify that I am the legal (check one) <input type="checkbox"/> owner <input type="checkbox"/> duly authorized agent for the owner of the animal described above, and do hereby give Dr. _____, the _____ (<i>Veterinary Business Name</i>) and any authorized agents, staff, or representatives full and complete authority to euthanize and dispose or arrange for cremation of said animal in a humane manner.</p> <p>I hereby forever release Dr. _____, of the _____ (<i>Veterinary Business Name</i>) and any authorized agents, staff or representatives from any and all liability for euthanasia and disposing of said animal.</p>							
<p>State law requires post euthanasia rabies testing of any animal who has bitten people/ other animals or been exposed to rabies virus in the last _____ days.</p> <p>I do also certify to the best of my knowledge the said animal has not bitten any person or animal during the last _____ days and has not been exposed to rabies virus.</p> <p>Said animal has bitten a person or animal or been exposed to rabies virus in the last _____ days. I understand that said animal must be tested for rabies virus after euthanasia. <i>Remains cannot be returned after rabies testing.</i> Ashes may be returned if specified below.</p>							
<p>I request that this animal's remains be cared for in the following manner:</p> <p>Private cremation with return of ashes.</p> <p>Cremation with no return of ashes. My pet's remains will not be returned to me.</p> <p>Home burial. I wish to take my pet's body home.</p> <p>I further authorize the attending veterinarian to dispose of remains in accordance with hospital policy.</p>							
<p>My preference concerning necropsy (autopsy) is:</p> <p>I decline the option of necropsy.</p> <p>I authorize a necropsy. I understand it may not be possible to have the remains returned to me.</p>							
<p>I have read and understand this authorization. To the best of my knowledge, the information I have provided is true. I understand that my wishes may be carried out immediately upon my signing this agreement. Fees for these services have been explained to me.</p>							
Owner	Agent's Signature:						Date:
Verbal	Phone release granted by/to:						Date:
				Agent/Clinician			
Witness Signature:						Date:	

I certify that if I am signing as an agent, I have the authority to execute this consent.

(Please print name)

Date:

(Signature of authorized agent)