

# Euthanasia Authorization Form

Today's Date: \_\_\_\_\_

## Owner Information

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

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

Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

## Patient Information

Registered Name: \_\_\_\_\_ Species: \_\_\_\_\_

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

Sex: M F Neutered/Gelded \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Traceable ID/ Microchip: Y N \_\_\_\_\_ ID/Chip #: \_\_\_\_\_

Tattoo: Y N \_\_\_\_\_ If yes, location and description: \_\_\_\_\_

I certify that I am the legal **owner/duly authorized agent** for the owner (circle one) of the animal described above, and do hereby give Dr. Otto Stanislaw, Jr., Equine Veterinary, LLC, and any authorized agents, staff, or representatives full and complete authority to euthanize and dispose of said animal in a humane manner. Unless otherwise agreed upon, disposition of the body of said animal is left to the judgment of the veterinarian. I hereby forever release Dr. Otto Stanislaw, Jr., Equine Veterinary, LLC, and any authorized agents, staff, or representatives from any and all liability for euthanasia and disposal of said animal.

Dogs, Cats and Ferrets: To the best of my knowledge, the dog, cat, or ferret described above has not bitten, scratched, or otherwise potentially exposed any person or other animal to rabies in the past ten (10) days. Other Species: To the best of my knowledge, the animal described above has not bitten, scratched, or otherwise potentially exposed any person or other animal to rabies in the past thirty (30) days. I understand that if the animal described above has bitten or otherwise potentially exposed any person within the time specified, a rabies test must be performed.

If the animal described above is insured under a mortality insurance policy or any other type of insurance policy, the owner/agent hereby agrees that it is his/her responsibility, and not the veterinarian's, to notify the insurance company as required by the terms of any applicable insurance policy.

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.

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

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Owner/Agent's** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/agent is not physically available Verbal/Phone release was given to \_\_\_\_\_

*Clinician*

and granted by: \_\_\_\_\_ on \_\_\_\_\_.

Owner/Agent

Date

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Equine Veterinary, LLC

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