



ALL CREATURES ANIMAL HOSPITAL

We're here for you and your pets

1212 Tamiami Trail
Naples, FL 34110
Phone: 239-598-4545
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AUTHORIZATION TO PERFORM EUTHANASIA

Owner's Name: _____ Date: _____

Pet's Name: _____ Phone Number: _____

Species _____ Breed: _____ Color: _____

Sex: _____ Age: _____ Wt.: _____

I, the undersigned, am the owner or duly authorized agent of the owner of the animal described heron. I verify that said pet has not bitten any person or animal during the last ten (10) days and to the best of my knowledge has not been exposed to rabies. I hereby consent to and request humane euthanasia for my pet and release the doctor and staff from any and all claims, except claims for negligence, arising from or connected with this life-ending procedure and the subsequent disposal of my pet's remains.

It is my desire to provide decent and humane after-care for my deceased pet that complies with all state, provincial, and local laws. I have been informed of all my options for disposition of the body and hereby authorize the attending veterinarian to dispose of the remains in accordance with hospital policy and via the option I have selected below:

_____ Return remains to me for personal disposition

_____ Communal burial or group disposal

_____ Cremation (___ communal or ___ private with ashes ___ returned ___ not returned to the hospital)

_____ Postmortem evaluation prior to the disposition method chose above

Signature: _____ Date: _____