



Authorization For Euthanasia

Owner: _____ Patient Name: _____
Species: _____ Breed: _____
Color: _____ Sex: _____ Age: _____

I understand, certify that I am the owner, or authorized agent for the owner, of the above described animal. I also certify that the animal has not bitten a person or animal in the past 10 days, and to the best of my knowledge, has not been exposed to rabies.

On this date, I hereby give the doctors of Moon Mobile Veterinary Service complete authority to perform euthanasia of this animal and provide for final disposal of the remains; and I release them from any and all liability.

I request the final disposition of my animal's remains to be the following:

_____ I will take the remains for burial.

_____ I release my animal's remains for cremation.

_____ I request my animal's remains to be cremated and the ashes returned to me, understanding there is Additional cost in this option.

_____ I authorize Moon Mobile Veterinary Service to take care of my animal's remains.

_____ I give permission for the postmortem examination of my pet, understanding this is an additional fee.

Signature: _____ Date: _____

