



Dr's John & Kathleen Durfee DVM
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<https://www.daisycreekvet.com>
330-298-5006

Euthanasia Authorization

Pet's name: _____

Owner's name _____

Breed: _____

Address: _____

Age: _____

Sex: _____

Email: _____

Weight: _____

Phone: _____

Color: _____

rDVM _____

I certify that I am the owner or duly authorized agent for the animal described above and give Dr. John and Dr. Kathleen Durfee of Daisy Creek Veterinary Care and authorized staff/agents full authority to euthanize and dispose or arrange for cremation of said animal in a humane manner. I release Dr. John and Dr. Kathleen Durfee of DCVC from any and all liability for euthanasia and disposing of said animal. I certify that I have the authority to execute this consent.

State law requires testing after euthanasia of any animal who has bitten people or other animals or been exposed to rabies in the last 10 days. Please initial the appropriate line:

____ I certify to the best of my knowledge that my pet has not bitten or scratched any person or animal in the last 10 days

____ My pet has bitten a person or animal or has been exposed to rabies in the last 10 days. I understand that my pet must be tested for rabies after euthanasia. The remains cannot be returned after rabies testing but the ashes may be returned if specified below

I request that my pet's remains be cared for in the following way:

____ Owner to coordinate arrangements

____ Private cremation with ashes returned to home, engraved cherrywood box urn

____ Communal cremation (no ashes returned)

I understand that my wishes may be carried out immediately upon signing this agreement. Fees for this service have been explained to me.

Signature: _____ Date: _____

Engraving: _____

Additional remembrances: ☐ None selected ☐ Clay Paw Print ☐ Ink print ☐ Lock of fur