



**EUTHANASIA AUTHORIZATION FORM**

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**PET & OWNER INFORMATION**

Pet Name: \_\_\_\_\_ Tracking ID #: \_\_\_\_\_

Dog    Cat    Other: \_\_\_\_\_    Male    Female    Weight: \_\_\_\_\_ lbs

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

See Quality of Life Form for details

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**CURRENT VETERINARY INFORMATION**

How did you hear about us? \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Would you like Kindred Spirits to notify your vet clinic of your pet's passing? Yes or No

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**EUTHANASIA AUTHORIZATION AND RELEASE**

I certify I am the owner/legal representative of the pet described above and give Kindred Spirits Pet Services full and complete authority to euthanize the above named pet in a humane manner. I forever release and hold harmless Kindred Spirits Pet Services from any and all liability for euthanasia of this pet.

To the best of my knowledge, the pet described above has not bitten, scratched and/or potentially exposed any person or other animal to rabies in the past ten (10) days.

I understand euthanasia is the act of ending the life of an animal in a painless way to prevent unnecessary suffering. I understand my wishes may be carried out immediately upon my signing this agreement. Fees for these services have been explained to me and will be paid to Kindred Spirits Pet Services by the owner/legal representative. I warrant that all representations and statements contained in this form are true and I have read and understand this document.

Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

*Owner/Legal Representative*

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NOTF\_\_ CUST\_\_ INVC\_\_ PYMT\_\_ BKDP\_\_ QBDP\_\_ PRNT\_\_ DATA\_\_