



EUTHANASIA AUTHORIZATION FORM

PET & OWNER INFORMATION

Pet Name: _____ Tracking ID #: _____
Dog Cat Other: _____ Male Female Weight: _____ lb
Breed: _____ Color: _____ Age: _____
Owner Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____
Secondary Contact: _____ Phone: _____
☐ See Quality of Life Form for details

CURRENT VETERINARY INFORMATION

How did you hear about us? _____
Veterinarian's Name: _____ Fax/Email: _____
Would you like Kindred Spirits to notify your vet clinic of your pet's passing? Yes or No

EUTHANASIA AUTHORIZATION AND RELEASE

I certify I am the owner/legal representative of the pet described above and give Kindred Spirits Pet Services 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 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

NOTF___ CUST___ INVC___ PYMT___ BKDP___ QBDP___ PRNT___ DAT.

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redspirits.pet

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