



AUTHORIZATION TO PERFORM EUTHANASIA AND AFTERCARE

As owner, or duly authorized agent of the owner, of the animal described hereon, I hereby consent to, and order, euthanasia to be performed on same for humane reasons. I further authorize the attending veterinarian to dispose of the remains in accordance with hospital policy. I realize that I will be financially responsible for any and all charges incurred in connection with said euthanasia services.

To the best of my knowledge and belief this animal has not bitten any person during the ten days preceding this date.

Owner's Name: _____ Pet's Name: _____

Species: *Canine* *Feline* *Other* Breed: _____

Sex: *M MN F FS* Age: _____ Weight: _____

I would like for **GULFSHORE ANIMAL HOSPITAL** to care for my pet. I understand that my pet will be placed in a body receptacle, identified with my instructions as listed below, and kept under refrigeration until picked up by a pet burial service authorized by Gulfshore Animal Hospital. My instructions are as follows:

Please Initial Choice:

_____ Private Cremation
(Ashes Returned)

_____ Communal Cremation
(Group cremation – no ashes returned)

Special Instructions: _____

Owner's Signature

Date: _____