



### Euthanasia Authorization Form

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

Address \_\_\_\_\_

Name of Pet \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_

Sex: M \_\_\_\_ F \_\_\_\_ Altered: Y \_\_\_\_ N \_\_\_\_ Color \_\_\_\_\_

Age \_\_\_\_\_ Referring Veterinarian \_\_\_\_\_

I, the undersigned, am the legal owner (or authorized agent for the owner) of the animal listed above. I hereby authorize Oregon Mobile Veterinary Services Inc to euthanize this animal, and release the doctor and all representatives from any and all liability for the euthanasia of said animal. I understand that payment is due at time of services rendered.

I certify to the best of my knowledge, the animal has not bitten any person or animal in the last 15 days, and has not been exposed to rabies.

I authorize the attending veterinarian and staff to take charge of my pet's remains in accordance with my wishes as described below, releasing the veterinarian and their agents from any and all liability for performing said after-death care.

**Care of remains:**

\_\_\_\_\_ Leave remains for personal disposal (home burial, ect.)

\_\_\_\_\_ Communal Cremation (Ashes will NOT be returned)

\_\_\_\_\_ Private Cremation (Ashes WILL be returned)

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

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**To be completed by attending doctor**

Doctor print name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_