

### Authorization For Euthanasia

Client Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Animal Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: Male Female

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

I, the undersigned, certify that I am the owner, or duly authorized agent for the owner, of the animal described above. I do hereby give Lake Air Animal Hospital, its veterinarians, staff and agents complete authority to euthanize and dispose of the animal described above. I release Lake Air Animal Hospital, its veterinarians, staff and agents from any and all liability for euthanasia of said animal.

I understand that euthanasia involves administering an intravenous injection of sodium pentobarbital causing painless and irreversible death of the animal described above.

I certify, to the best of my knowledge, the above described animal had not bitten or scratched any person or animal during the last fifteen days and had not been exposed to rabies.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_