

The Veterinarian that comes to you!!

Kelly Broz, DVM

804-938-8387

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Euthanasia Release Form

I, the undersigned, so hereby certify that I am the owner (or duly authorized agent of the owner) of the animal described below; that I do hereby give Dr. _____, his/her agents and representatives full and complete authority to euthanize the said animal by administering a lethal injection of an anesthetic agent; and I do hereby and by these presents forever release the said Doctor, her agents, or representatives from any and all liability for euthanizing the said animal.

Owner's Information	Pet's Information
First Name:	Name:
Last Name	Species:
Address:	Breed:
	Age: Color:

I do also certify that the said animal has not bitten any person or animal during the last fifteen (15) days and to the best of my knowledge has not been exposed to Rabies.

I wish to have my pet privately cremated and to recover the remains

I wish to have my pet cremated and **not** recover the remains

I wish to have my pet buried

Owner: _____

Witness: _____

Date: _____

Date: _____