

# Euthanasia Authorization Form



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

Co-Owner Name: \_\_\_\_\_ Phone \_\_\_\_\_

Owner Address \_\_\_\_\_

Street City State Zip

Name of Pet \_\_\_\_\_ Regular Veterinarian \_\_\_\_\_

Dog \_\_\_ Cat \_\_\_ Other \_\_\_ Breed \_\_\_\_\_ Sex : M or F Age \_\_\_\_\_ Color \_\_\_\_\_

I, the undersigned, am the owner (or duly authorized agent for the owner) of the animal described above. I hereby give the employees and representatives of At Home Veterinary Services, full and complete authority to euthanize this animal, and I release them from any and all liability for the euthanasia of said animal. I further understand that I assume all financial responsibility for all services rendered and full payment is due before or at the time of service.

I also certify that to the best of my knowledge, the animal has not bitten any person or animal during 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 body in accordance with my wishes as detailed below.

### PLEASE INDICATE YOUR WISHES FOR THE AFTERCARE OF YOUR PET BELOW:

\_\_\_\_\_ Please leave my pet's body with me. I have made my own aftercare arrangements.

\_\_\_\_\_ Please have Family Animal Services perform a General Cremation.  
My pet's ashes will not be returned to me.

\_\_\_\_\_ Please have Family Animal Services perform an Individual Cremation.

### OTHER SERVICES (the options below can be in addition to either General or Individual Cremation):

\_\_\_\_\_ I would like Family Animal Services to make a clay paw print. (\$30)

\_\_\_\_\_ I would like At Home Veterinary Services to make an ink paw print. (\$0)

\_\_\_\_\_ I would like At Home Veterinary Services to make a fur clipping. (\$0)

### PLEASE RETURN MY PET'S ASHES and/or CLAY PAW PRINT AS INDICATED BELOW:

\_\_\_\_\_ I would like to pick up my pet's ashes/ clay paw print from At Home Veterinary Services in Lake Oswego.

\_\_\_\_\_ I would like to pick up my pet's ashes/ clay paw print from Family Animal Services in Northeast Portland.

\_\_\_\_\_ I would like my pet's ashes/ clay paw print mailed to me from Family Animal Services. (\$20)

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

At Home Veterinary Services Use Only							
CID _____	SC _____	rDVM _____	FAS-LOG _____	DL _____	INV _____	TRELLO _____	SCAN _____
E _____	But _____	Mid _____	Xyl _____	Ket _____	Ace _____	Dex _____	