

EUTHANASIA RELEASE

DATE: _____

I _____,
HAVE THE AUTHORITY TO AUTHORIZE THE EUTHANASIA OF THIS
ANIMAL. I DO HEREBY GIVE THE VETERNARIANS OF HAUGHTON
ANIMAL HOSPITAL MY FULL AND COMPLETE CONSENT TO
EUTHANIZE THIS ANIMAL. TO THE BEST OF MY KNOWLEDGE THIS
ANIMAL HAS NOT BITTEN ANY PERSON DURING THE LAST 15 DAYS
PRIOR TO PRESENTATION AND HAS NOT BEEN EXPOSED TO RABIES.

OWNERS SIGNATURE [OR AUTHORIZED PERSON]

NAME OF PET

SPECIES [DOG, CAT, ETC.]

BREED

COLOR

AGE