

*Haughton Animal Hospital*  
*5694 US HWY 80*  
*Princeton, LA 71067*  
*Phone (318) 949-2491 Fax (318) 949-5998*

## **Euthanasia Release**

Date: \_\_\_\_\_

As the authorized individual, I hereby grant my full and complete consent to the veterinarians of Haughton Animal Hospital to proceed with the euthanasia of this animal. To the best of my knowledge, this animal has not exhibited any aggressive behavior towards humans within the past 15 days and has not been exposed to rabies.

Owners Signature (or authorized person): \_\_\_\_\_

Name of Pet: \_\_\_\_\_

Species (Dog, Cat, Etc.): \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Age: \_\_\_\_\_