

Family's names: \_\_\_\_\_ Pet name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ e-mail: \_\_\_\_\_

## Euthanasia Authorization

- I hereby declare that I am authorized to make medical, euthanasia, and body aftercare decisions for the above referenced pet.
- I hereby authorize and request euthanasia for the above referenced pet.
- This animal has not bitten any person or animal in the past ten (10) days.

\_\_\_\_\_  
Authorized signature Date

### Final Body Care Options (please **initial** one choice):

**PRIVATE CREMATION.** Ashes will be returned to me:  
\_\_\_\_\_ pick up in Slingerlands, NY (no additional charge).  
\_\_\_\_\_ UPS directly from cremation provider (\$20 fee).  
\_\_\_\_\_ personal doorstep drop off (by special arrangement).  
\_\_\_\_\_ at my primary care veterinarian's office (if available) \_\_\_\_\_

**GROUP / COMMUNAL CREMATION.**  
I understand that the ashes **will not** be returned to me.

**TRANSPORT BODY TO MY SPECIFIED VETERINARIAN FOR CREMATION.**  
Pre-arranged with \_\_\_\_\_ to transport directly from home to practice and be received during business hours.

**KEEP REMAINS** for burial or other arrangement in accordance with local ordinances for environmental and wildlife safety. Barbituate narcotics are used and toxic to other animals including wildlife.

OFFICIAL USE ONLY:  
The above listed pet's ashes have been received on \_\_\_\_\_ by \_\_\_\_\_ at \_\_\_\_\_.  
(date) (signature) (practice name)