

Pet's name: _____ Family's names: _____

e-mail: _____

Euthanasia Authorization and medical record

- 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 **below** ↓):

PRIVATE CREMATION. Ashes will be returned to me:

_____ pick up in Slingerlands, NY (no additional charge).

_____ UPS directly from cremation provider (\$25 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. Euthanasia medications used are 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)