



AUTHORIZATION FOR EUTHANASIA

Customer Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Animal Name _____ Species _____ Sex: Male Female

Breed _____ Color _____ Age _____

Vet Clinic _____

I, the undersigned, certify that I am the owner, or duly authorized agent for the owner, of the animal described above. I do hereby give **Dr. Debra E, Benner**, staff and agents complete authority to euthanize the animal described above. I release **Dr. Debra E. Benner**, staff and agents from any and all liability for euthanasia of said animal.

I understand that euthanasia involves administering an intravenous injection of sodium pentobarbital causing painless and irreversible death of the animal described above.

I certify, to the best of my knowledge, the above described animal has not bitten or scratched any person or animal during the last 15 days and has not been exposed to rabies.

Signature

Date