



The
Small Animal Clinic
at PIEDMONT EQUINE

Euthanasia Authorization Form

Pet's Name: _____ Sex: ___Male ___Female Age/DOB: _____
Species: ___Dog ___Cat ___Other _____
Breed: _____ Color: _____

INFORMED CONSENT

PLEASE INITIAL EACH ITEM BELOW

- _____ To the best of my knowledge and belief, this animal has not bitten anyone during the 10 days preceding this date.
- _____ I am the owner or agent for the owner of the animal described above and have the authority to execute this consent.
- _____ I hereby consent to and request that, for humane reasons, euthanasia to be performed on the animal described above
- _____ I release the described animal to The Small Animal Clinic at Piedmont Equine and authorize the performance of the following (*please check preferred option*):
 - Humane euthanasia
 - _____ **Individual cremation:** remains returned to clinic (*weight dependent \$148-\$294*)
 - _____ **Communal cremation:** remains not returned (*weight dependent \$71-\$113*)
 - _____ **I will care for remains in accordance to county regulations**
- _____ I have read and understand this authorization and consent

Full Name: _____

Signature: _____ Date: _____