

Euthanasia Release Form

Patient Information:

Care of Remains:

- Common Cremation (Ashes Not Returned)
- Private Cremation (Ashes in Wooden Box)
- Other: _____

Confirm Spelling of Pet's Name: _____

Client's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

2 Complementary Keepsake Items

As a courtesy, Gahanna Animal Hospital offers 2 keepsake items at no additional charge. These items will be sent to you in the mail to the address written above. Please mark the items you would like below:

- Ink Paw Print on Rainbow Bridge Prayer
- Lock of Hair Wrapped in Bow
- I Do Not Wish to Receive Any of These Items

For Private Cremations Only (ashes are returned in a wooden box)

Please choose a nameplate:

- Original Brass Nameplate
- Black Nameplate with "In Loving Memory. Devoted Friend, Faithful Companion"

Any Additional Information You Would Like to Add to the Nameplate (i.e. Birth Date - Death Date):

Authorization to Perform Euthanasia

As owner, or duly authorized agent of the owner, of the animal described above, I hereby consent to and order euthanasia to be performed for humane reasons. I further authorize the attending veterinarian to dispose of the remains in accordance with hospital policy.

To the best of my knowledge and belief, this animal has not bitten any person during the fifteen days preceding this date.

Owner Signature: _____ Date: _____