

**Meridian Veterinary Hospital
421 W. Franklin Rd. Meridian, ID 83642
(208) 888-3444**

***AUTHORIZATION TO PERFORM
EUTHANASIA***

Date: _____

Owner's Name _____

Address _____ Phone: _____

City, State, & Zip _____

Animal Species _____ Sex _____

Breed _____ Age _____

Name _____ Weight _____

Color & Markings _____

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for owner) of the animal described here on, that I do hereby give Dr. _____, his/her agents, employees and representatives full and complete authority to euthanize said animal with BEUTHANASIA-D (humane and painless euthanasia) and I do hereby and by those presents forever release the said doctor, his/her agents, employees and representatives from any and all liabilities for so euthanizing of said animal. If decision is made not to have the animal cremated, or owner take remains to dispose of, I further authorize the attending doctor to dispose of the remains in accordance with the hospital policy. To the best of my knowledge and belief this animal has not bitten any person during the fifteen days preceding this date.

Signature: _____

- _____ **Owner Take Home**
- _____ **Meridian Veterinary Hospital Disposal**
- _____ **Segregated Private Cremation***-Separated from others/ashes Returned
- _____ **Communal Cremation-No** ashes Returned
- _____ **Private 1 Cremation***-alone in chamber/ashes Returned
- _____ **Clay Paw Print (Extra) \$37.50**

***Included: Wooden Urn _____ Or Scatter Tube _____**

Special Instructions _____
