



Euthanasia Release Form

Owner _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Other _____

Email _____

Animal's name _____

Breed _____ Color and Markings _____

Sex _____ Age _____ Regular Vet _____

I, the undersigned, certify that I am the owner (or the duly authorized agent for the owner) of the animal described above.

I give the veterinarians at Wildcat Vet complete authority to humanely euthanize the said animal in whatever manner they see fit. I also release the doctors from any liability for euthanizing the said animal.

I also certify that, to the best of my knowledge, this animal has not been exposed to rabies nor has it had the opportunity to transmit rabies in the last 15 days.

Date _____

Signature of owner/agent _____

I would like my pet's remains.....

_____ Kept at home for burial

_____ Mass Cremation

_____ Privately cremated and ashes returned to me

Additional Options (No Extra Charge):

_____ Hair Clippings

_____ Clay Paw

_____ Notify my Vet

Clinic use only: File CAPC