

Euthanasia Authorization Agreement

I attest that I am the true and sole owner of the following animal(s) and being of sound mind I authorize the euthanasia of the following animal(s) by a licensed veterinarian if recommended by the professional opinion of a licensed veterinarian due to the animal being so maimed, diseased or debilitated as to require euthanasia to be spared undue suffering. I provide this authorization voluntarily and without coercion or threats of any kind.

I will hold harmless the veterinarian, law enforcement agency and humane organization that causes the animal(s) listed below to be humanely destroyed.

ANIMAL NAME	ANIMAL ID#	DESCRIPTION	ADDITIONAL INFO.

Signature: _____ Date: _____

Print Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Witness Name: _____ Witness Signature: _____