



LARGE ANIMAL EUTHANASIA AUTHORIZATION

Date _____

Owner's Name _____

Primary Phone _____ Email _____

New Client Address _____

Animals Name _____ Age _____ Sex _____

Species _____ Breed _____ Color _____

I, the undersigned, certify that I am the owner (or authorized agent for the owner) of the animal described above, and I authorize Dr. _____, his/ her employees, and representatives, full and complete authority to euthanize the above animal. I forever release the said Doctor, employees, and representatives from any and all liability for the euthanization of my animal.

Owner/Agent _____ Date _____

Aftercare with D&D : Yes No