

Ark Animal Hospital
3076 Highway 14 – Millbrook, AL – 36054
334-285-4210 – arkanimalvets.com

Euthanasia Release Form

Date: _____

Your Name: _____

Are you the legal owner of this pet? Yes_____ No_____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Pet Name: _____ Dog_____ Cat_____

Other (specify): _____ Pet Breed: _____

Male_____ Female_____ Pet Age: _____ Color: _____

I, the undersigned, certify that I am the owner or duly authorized agent for the owner of the animal described above and that I do hereby give Ark Animal Hospital full and complete **authority to euthanize** (put to sleep) the aforementioned animal and take care of the remains, should I request it, in a humane manner. I release the doctor or representative from any and all liability for euthanasia of said animal. I do also certify that to the best of my knowledge the said animal **has not bitten any person or animal fifteen days prior to the date of signature** and has not been exposed to rabies.

Please describe the reason for euthanasia:

Owner or Authorized Agent: _____

Please fill out the following ONLY if you have discussed giving up custody of your animal for the purpose of being re-housed as an alternative to euthanasia with your vet.

I authorize Ark Animal Hospital to find a new home for my pet, _____

Owner or Authorized Agent: _____