

Porter Pet Hospital, PLLC

27529 Lorain Road
North Olmsted, OH 44070
440-777-0888

Euthanasia Permission

Owner Name:

Patient Name:

I, the undersigned, do hereby certify that I am the owner or duly authorized agent of the owner of the animal described above; that I am 18 years of age or older; and that I do hereby give the designated veterinarian, her agents, servants and representatives full and complete authority to humanely euthanize my pet listed above; and I do hereby, release the veterinary facility and its employees from any and all liability for so euthanizing the said animal.

I do also certify that to the best of my knowledge the said animal has not bitten any person or animal during the last fifteen (15) days and has not been exposed to rabies.

AUTHORIZATION FOR DISPOSITION OF ANIMAL REMAINS

I hereby certify that I am the owner or authorized agent for the owner of the animal described above and that I am 18 years of age or older. I hereby authorize the following method of disposition:

- Common Cremation** at Western Farms Cremation and Burial Services.
- Individual Cremation** with ashes returned to me from Western Farms Cremation and Burial Services
- RELEASE REMAINS TO OWNER** for personal disposal. Local laws on burial may apply.

Signature: _____

Date: _____

Client Name:

Address:

City/State/Zip Code: ,

Telephone Number:

To be completed by staff at time of appointment:

Form completed by veterinarian upon oral consent of owner. Witness to owner's oral consent is _____.

Owner unavailable: form completed by veterinarian. Documentation of attempts to contact pet owner are retained in the file.

Doctor: _____