



7328 Better Way SE Suite B120
Snoqualmie, WA 98065
Ph. 425-292-0288

EUTHANASIA AUTHORIZATION

Client name:

Address:

Phone:

Patient:

Species:

Breed:

Sex:

Color:

I the undersigned, do hereby certify that I am the owner of duly authorized agent for the owner of the animal described above, that I do hereby give the doctors of Salish Veterinary Hospital permission to euthanize and dispose of said animal in whatever humane manner the doctors of Salish Veterinary Hospital, their agents, servants or representatives deem appropriate. I also release the doctors, Salish Veterinary Hospital, their agents, servants and representative from any and all liability for so euthanizing and disposing of said animal.

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

Care of remains:

Private Cremation (your pet is cremated alone and you receive it's ashes within 1-2 weeks)

Vessel Options- Metal Urn Cherrywood Box

Non Private Cremation (you do not receive ashes back)

Take Remains Home

Signature _____

Date: _____