Still River Home Euthanasia for Pets, PLLC

EUTHANASIA AUTHORIZATION FORM

Pet's Name		Species	Rreed.	
Age:	Gender:	Species Spayed/N	Breed: Neutered (Yes or No): _	
hereby authoriz	ze Still River Home	Euthanasia for Pets,		euthanize the Pet and to carry
rules, a	nd regulations that	•		e for following all laws, that euthanized pets harbor a
Arran	ge for group crem	ation with no retur	n of ashes	
Arran	ge for private crei	nation with return	of ashes	
	nys, then this shall n	•		er of my decision within ten up cremation with no return
•	atement about the one that applies):	Pet is true and correct	to the best of my know	ledge, information, and belief
		or scratched (which ot been exposed to		son or animal within the last
to th rabies	e rabies virus wit	hin the last ten (10 usia. Remains cannot	days. I understand tha	or animal or been exposed t the Pet must be tested for the testing, but ashes may be
OF ITS VETER REPRESENTA FROM OR REI REMAINS, AN	INARIANS, TEC FIVES, SUCCESS LATING TO THE D/OR THE CAR D BE CONSTRUE	HNICIANS, MEMI ORS, AND ASSIGN EUTHANASIA OF RYING OUT OF AI	BERS, EMPLOYEES, A S FROM ANY AND A THE PET, THE DISP NY REQUIRED RABI	LL LIABILITY ARISING OSITION OF THE PET'S
Signature		 Printed I	Name	 Date