

**Bradshaw Mountain Animal Hospital**  
**Authorization To Perform Euthanasia**  
**And Care Of Remains**

DATE \_\_\_\_\_ OWNER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
 PET \_\_\_\_\_ DOG / CAT / OTHER \_\_\_\_\_ BREED \_\_\_\_\_  
 SEX \_\_\_\_\_ AGE \_\_\_\_\_ COLOR/MARKINGS \_\_\_\_\_

I, the undersigned, am the owner or authorized agent for the owner of the animal described heron. I verify that the said pet has not bitten any person or animal during the last ten (10) days and to the best of my knowledge has not been exposed to rabies. I hereby consent to and order euthanasia (humane death) to be performed on this animal forever releasing the doctors and staff at Bradshaw Mountain Animal Hospital from any and all liability for performing the said euthanasia.

It is my desire to provide for my pet decent and humane after-death care, complying with all legal requirements of the area. I authorize the attending veterinarian and/or staff to now dispose of the remains in accordance with hospital policy, releasing the hospital, doctor and agents from any and all liability for performing the said after-death care, with the following stipulations included:

\_\_\_\_\_ Return of remains to owner for personal disposition

\_\_\_\_\_ Hospital takes care of remains - Group cremation

\_\_\_\_\_ Cremation: Individual with ashes returned in urn  
   Compartmentalized but cremated at same time as other individual pets

\_\_\_\_\_ Cremation: Private with ashes returned in urn  
   Only pet in crematorium

**Note: Cremations are contracted through another business. Return of remains may take up to  
 2-3 weeks but are usually available in 1 week.**

\_\_\_\_\_ Special urns available at additional charge.

\_\_\_\_\_ We can make a clay impression of you pets paw as a memorial for you or we have some alternative  
 memorial products. Please let us know if you are interested in any of these services.

\_\_\_\_\_ Postmortem (autopsy) evaluation prior to the above disposition (\$ \_\_\_\_\_ fee)

\_\_\_\_\_ Other \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Office Use Only Below This Line

Dr. \_\_\_\_\_