

EUTHANASIA RELEASE FORM

{PLEASE FILL IN THE REQUIRED INFORMATION**}

*OWNER'S NAME:

*PHONE:

*ADDRESS:

*ANIMAL'S NAME:

*BREED:

*SEX:

*COLOR:

*DATE OF BIRTH:

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent of the owner) of the animal described above, and that I do hereby give the doctors of San Benito Animal Hospital, his agents, servants, and representatives full and complete authority to euthanize and dispose of said animal in whatever manner the said doctor of San Benito Animal Hospital, his agents, servants, or representatives shall deem fit. I do hereby release said doctor or doctors of the San Benito Animal Hospital, his agents, servants, or representatives from any and all liability for euthanizing and disposing of said animal.

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

Signed _____