

***East Valley Pet Hospital***  
1748 East Lugonia Ave, Suite 128

Redlands, CA 92374  
(909) 794-1888

### **Euthanasia Authorization**

Client ID:  
Client Name:  
Address:

Telephone:

Patient ID:  
Name:  
Species:  
Breed:  
Sex:  
Color:  
Markings:  
Birth Date:

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give the doctors of East Valley Pet Hospital permission to euthanize and dispose of said animal in whatever manner the said doctors of East Valley Pet Hospital, their agents, servants or representatives deem fit. I also release the doctors, East Valley Pet Hospital, their agents, servants and representatives for 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 during the last ten (10) days and has not been exposed to rabies.

SIGNED \_\_\_\_\_