

Julie Moodoyan, DVM
Sondra Brown, DVM
Kevin Brumfield, DVM
Sherri Kasper, DVM



Alicia Smith, DVM
Heather Williams, DVM
Mary Carson Gwynn, DVM

2528 Capital Circle SE
Tallahassee, FL 32311
850-942-6650

Euthanasia Authorization Form

Client's Name: _____ Date: _____

Street Address: _____

City: _____ Phone: _____

Pet's Name: _____ Breed: _____

Sex: _____ Age: _____ Color and Markings: _____

Reason for euthanasia: _____

I, the undersigned, do hereby certify that I am the legal owner or duly authorized agent for the owner of the animal described above, and that I do hereby grant and give to The Animal Hospital and Pet Resort at Southwood, its agents and representatives, full and complete authority to euthanize said animal in a humane manner. I do also certify that said animal has not bitten any person during the last fifteen days, and to the best of my knowledge has not been exposed to rabies. Further, I do hereby forever release The Animal Hospital and Pet Resort at Southwood from any and all liability for euthanizing said animal. As for the disposition of my pet, I request one of the following options:

- Take pet home for burial at no additional charge
- Community cremation with other pets; ashes disposed of by crematorium
- Private cremation with return of ashes by crematorium
- Please hold my pet at the Hospital until a decision is made

If a decision about the disposition of my pet has not been made within two weeks the body will be cremated and I will be billed for community cremation.

**We sympathize with you in making this difficult decision.
If we can be of any help, please let us know.**

Signature _____ Date _____