

All Pets Animal Clinic, PC  
1420 Lake Street • Spirit Lake, IA 51360 • 712-336-3647

### Euthanasia Record

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Canine \_\_\_\_\_ Feline \_\_\_\_\_ Color, Markings: \_\_\_\_\_

Disposal options – *additional charges may apply*

Take Home \_\_\_\_\_ Mass Cremation (ashes will not be returned) \_\_\_\_\_

Private Cremation (pet's ashes will be returned to owner) \_\_\_\_\_ Burial Box \_\_\_\_\_

*I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above. I do hereby give the doctor of All Pets Animal Clinic, his staff and representatives full and complete authority to euthanize said animal.*

*I do hereby release the said doctor of All Pets Animal Clinic, his staff and representatives from any and all liability for 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 fifteen days and has not been exposed to rabies.*

Signed: \_\_\_\_\_