



**COUNTRY CLUB** ***Animal Hospital***

**CERTIFICATE FOR EUTHANASIA**

PET OWNER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL: \_\_\_\_\_

PET'S BREED: \_\_\_\_\_ NAME: \_\_\_\_\_ PET'S COLOR: \_\_\_\_\_

SEX: \_\_\_\_\_ PET'S D.O.B. \_\_\_\_\_

I, \_\_\_\_\_, do hereby certify that I am the owner (or duly authorized agent for the owner) of the pet described above, and that I give the Doctors of Country Club Animal Hospital (CCAH), full and complete authority to euthanize my pet and dispose of my pet's body in one of the following manners:

**MEANS OF CREMATION:** *(YES indicates means of Cremation)*

General Cremation: \_\_\_\_\_

- A group cremation, pet's ashes ARE NOT returned to owner

Private Cremation: \_\_\_\_\_

- A private cremation, pet's ashes ARE returned to owner
- CCAH will contact in reference to urn and name plate options

Furthermore, I release the Doctors of CCAH from any and all liability for euthanizing my pet and disposing of my pet's body. I do also certify that, to the best of my knowledge, my pet has not bitten any person or animal during the last ten (10) days, and that he/she has not been exposed to Rabies virus.

OWNER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

CCAH WITNESS TO SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_