Still River Home Euthanasia for Pets, PLLC

EUTHANASIA AUTHORIZATION FORM

I, the undersigned, am the owner (or the duly authorized agent for the owner) of the pet described below (the “Pet”):

Pet’s Name: ___________________ Species: _______________ Breed: ____________________
Age: ______________ Gender: ____________ Spayed/Neutered (Yes or No): ____________

I hereby authorize Still River Home Euthanasia for Pets, PLLC (“Still River”) to euthanize the Pet and to carry out my wishes concerning disposition of the Pet’s remains, as follows:

_____ Return remains for personal disposition. I understand that I am responsible for following all laws, rules, and regulations that may apply to the burial. I further understand that euthanized pets harbor a lethal drug and could cause death if consumed by wild animals.

_____ Arrange for group cremation with no return of ashes.

_____ Arrange for private cremation with return of ashes.

_____ Hold remains pending my decision. If I have not informed Still River of my decision within ten (10) days, then this shall mean I authorize Still River to arrange for group cremation with no return of ashes.

The following statement about the Pet is true and correct to the best of my knowledge, information, and belief (please initial the one that applies):

_____ The Pet has not bitten a person or animal within the last ten (10) days and has not been exposed to the rabies virus.

_____ The Pet has bitten a person or animal or been exposed to the rabies virus within the last ten (10) days. I understand that the Pet must be tested for the rabies virus after euthanasia. Remains cannot be returned after rabies testing, but ashes may be returned if specified above.

BY SIGNING BELOW, I RELEASE STILL RIVER HOME EUTHANASIA FOR PETS, PLLC AND ALL OF ITS VETERINARIANS, TECHNICIANS, MEMBERS, EMPLOYEES, AGENTS, REPRESENTATIVES, SUCCESSORS, AND ASSIGNS FROM ANY AND ALL LIABILITY ARISING FROM OR RELATING TO THE EUTHANASIA OF THE PET, THE DISPOSITION OF THE PET’S REMAINS, AND/OR THE CARRYING OUT OF ANY REQUIRED RABIES TESTING. THIS RELEASE IS TO BE CONSTRUED BROADLY TO BAR ANY AND ALL CLAIMS TO THE EXTENT PERMITTED BY LAW.

_________________________________________________________  ________________________________  __________________
Signature                                           Printed Name                              Date