



721 Main St., Dartmouth, NS B2W 3T6
(902) 434-4446
www.acresanimalhospital.com

Euthanasia Authorization

Appointment Date:

Client Name: Telephone:

Address:

Patient Name: Species:

Breed: Colour: Date of Birth:

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above, that I do hereby give the doctors of Acres Animal Hospital permission to euthanize said animal. I also release the doctors, Acres Animal Hospital, their agents, and representatives for any and all liability for so euthanizing and disposing of said animal.

I do also certify that the said animal has not bitten any person or animal during the last ten (10) days, and has not been exposed to rabies.

Aftercare Requested:

Common Cremation (ashes buried and not returned)

Private Cremation (ashes returned in urn)

white ceramic urn

blue ceramic urn

light "oak" stain wooden box

dark "mahogany" stain wooden box

wooden boxes come with brass name plate (default: name & year of death)

short name plate inscription:

Home Burial

Other Special Services:

Name of Owner or Authorized Agent:

Date:

Phone Number:

Signature of Owner or Authorized Agent