

# Authorization to Perform Euthanasia & Disposal

## ***Animal Hospital of Tiger Point***

4118 Gulf Breeze Pkwy, Gulf Breeze, FL 32563

(850) 934-7233

Client Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Work \_\_\_\_\_

Name: \_\_\_\_\_  
Species \_\_\_\_\_  
Breed: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Color: \_\_\_\_\_  
Birth date: \_\_\_\_\_

- *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 doctors of the Animal Hospital of Tiger Point, their staff and representatives, full and complete authority to euthanize and arrange for care of the remains for this animal in the manner the doctors of the Animal Hospital of Tiger Point, their staff and representatives deem fit.*
- *I do hereby release the Animal Hospital of Tiger Point, their staff and representatives, from any and all liability related to either action.*
- *I do also certify that to the best of my knowledge, the said animal has not bitten any person or animal during the last ten (10) days and has not been exposed to rabies.*

***We at the Animal Hospital of Tiger Point extend our deepest sympathy in the loss of your pet***

**Owner/Agent's Signature** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ *Communal Cremation*    \_\_\_\_\_ *Private Cremation*    \_\_\_\_\_ *No Cremation*