



Euthanasia/Cremation Authorization

Company: Pets Peaceful Journey

Date: _____

Case No: _____

Owner: _____

Street: _____

City: _____

Phone: _____

Name: _____

Breed: _____

Sex: _____

Age: _____

Color: _____

Markings: _____

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above; that I do hereby give Dr. Fred Saad, his technicians, attendants, and representatives full and complete authority to euthanize the said animal in whatever manner the said Doctor, his technicians, attendants, or representatives shall deem fit.

I do hereby, and by these presents forever release the said Doctor, his technicians, attendants, or representatives from any and all liability for so euthanizing the said animal.

I do also certify that the said animal has not bitten any person or animal during the last fifteen (15) days, and to the best of my knowledge has not been exposed to rabies.

Signed: _____