



3100 Cherry Hill Road • Ann Arbor, MI 48105
734-662-4365 • www.hshv.org

Clinic Euthanasia Authorization

Date: _____ Animal ID: _____ (Office Use Only)
Client: First: _____ Last: _____
DL#/Photo ID: _____ Primary Phone Number: _____
Address: _____ Apt.: _____
City or Township: _____ County: _____ Zip: _____

Animal Information:

Name: _____ Dog/Cat/Other: _____ Male/Female: _____ Sterilized (Y/N): _____
Breed(s): _____ Age: _____ Weight: _____ Color: _____
Reason for Euthanasia: _____

I certify that I am the legal owner or the duly authorized agent for the owner of the animal described above and do hereby give the Humane Society of Huron Valley and any authorized agents, staff, or representatives full and complete authority to euthanize and dispose of said animal in a humane manner. Unless otherwise agreed upon, disposition of the body of said animal is left to the judgment of the veterinarian. I hereby release the Humane Society of Huron Valley and any authorized agents, staff, or representatives from any and all liability for euthanasia and disposition of said animal.

To the best of my knowledge, the animal described above has not bitten, scratched, or otherwise potentially exposed any person or other animal to rabies in the past ten days.

I understand that if the animal described above has bitten or otherwise potentially exposed any person within the time specified, a rabies test must be performed at my expense.

I have read and understand this authorization. To the best of my knowledge, the information I have provided is true. I understand that my wishes may be carried out immediately upon my signing this agreement. Fees for these services have been explained to me.

I elect to take the animal described above into my possession after the euthanasia has been performed, and agree to adhere to any/all local, state, and federal regulations with regards to the disposition of said remains.

Signature Owner/Agent _____ Date _____

OFFICE USE ONLY: Owner Present Owner Not Present Vet Tech Assessment Complete (Drop offs only)

Method of Payment _____ Amount Paid \$ _____ Circle All That Apply: Private Group Take-Home Paw Print

Amount of Sodium Pentobarbital Administered: _____ cc Method: _____ Route: _____

Amount of Sedation Administered: _____ cc Performed by: _____/_____

Sedative Logged Sodium Pentobarbital Logged Outcome Complete in PetPoint