



2126 HASTE ST - BERKELEY, CA 94704 - (510) 84 8- 5041 - FAX (510)373-2300

EUTHANASIA AUTHORIZATION

Client name/ID: {LASTNAME}, {FIRSTNAME}/{ID}
Address {ADDRESS1}
{CITY}, {STATE} {POSTALCODE}
Telephone Number: {PHONENUMBER}
Email: {EMAILADDRESS}

Patient Name/ID: {NAME}/{PATIENTID}
Species/Breed: {SPECIES}/{BREED}
Sex/Color: {SEX}/{COLOR}
Age: {AGE}

Confirm mailing address _____

Berkeley Dog & Cat Hospital partners with West Coast Pet Memorial Services to offer after care for your loved one. Information regarding the crematory as well as grief counseling will be supplied to you.

I select the following aftercare option (check one):

Take remains home for burial: :\$0

Communal Cremation: \$83.25

Private Cremation: \$344.75

I, the undersigned do hereby certify that I am the owner (or their duly authorized agent) of the above animal. I do hereby give to the doctors at this hospital full and complete authority to humanely euthanize {NAME}. I do hereby release forever said doctors, their agents, servants or representatives from any and all liability for euthanizing this animal.

I do also certify that the specified 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: _____

Date: {CURRENTDATE[SHORT]}

Optional Permissions:

I, the undersigned, authorize the use of my pet's remains by a veterinarian for the improvement of skills or techniques that may enhance the treatment of future patients. In gratitude for your beloved pets contribution Berkeley Dog and Cat Hospital will cover the expenses associated with either a Communal or Private Cremation.

Signed: _____

Date: {CURRENTDATE[SHORT]}