



2126 HASTE ST - BERKELEY, CA 94704 - (510) 84 8- 5041 - FAX (510) 843-1817

EUTHANASIA AUTHORIZATION

Client name/ID: , /
Address

Telephone Number: ,

Patient Name/ID: /
Species/Breed: /
Sex/Color: /
Age:

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**):

Communal Cremation: \$65

Private Cremation: \$270

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. 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: _____