

Darryl L. D. Brown, DVM
404.867.4081 Mobile



AUTHORIZATION FOR EUTHANASIA

Customer Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Animal Name _____ Species _____ Sex: Male Female

Breed _____ Color _____ Age _____

I, the undersigned, certify that I am the owner, or duly authorized agent for the owner, of the animal described above. I do hereby give Healing Hands Mobile Veterinary Service, hereinafter known as HHMV, its veterinarians, staff and agents complete authority to euthanize and dispose of the animal describe above. I release HHMV, its veterinarians, staff and agents from any and all liability for euthanasia of said animal.

I understand that euthanasia involves administering an intravenous injection of sodium pentobarbital causing painless and irreversible death of the animal described above.

I certify, to the best of my knowledge, the above described animal has not bitten or scratched any person or animal during the last 30 days and has not been exposed to rabies.

Signature

Date

Veterinarian Darryl L. D. Brown, DVM

Date