

**Palatine Animal Hospital
496 W. Northwest Highway
Palatine, IL 60067
(847) 359-1688**

Euthanasia Release:

Date: _____

Owner: _____

Pet's Name: _____

Address: _____

Breed: _____

City/State/Zip: _____

Age: _____ Male/Female

Phone: _____

Color: _____

Regular Cremation
No Ashes Returned: _____
(please initial)

Special Cremation
Ashes to be Returned: _____
(please initial)

Would you like a clay paw print made for a charge of \$15? **Yes/No** _____
(please initial)

Would you prefer pick up or mailed to your home? **Pick Up/Mailed**

I, the undersigned do hereby certify that I am the owner of the animal described above. I hereby consent to and order euthanasia to be performed on said animal. I further authorize the attending veterinarian, his/her agents and representatives all and complete authority to dispose of said animal in the manner indicated above.

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

Owner's Signature: _____