

We are deeply sorry for your loss and wish you best in this time of grief.

Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

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

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.

Would you like a clay paw print made for a charge of \$30.00? Yes/No \_\_\_\_\_ (Please initial)

Special Cremation \_\_\_\_\_  
Regular Cremation \_\_\_\_\_  
Ashes to be Returned: \_\_\_\_\_ (Please initial)  
Ashes Retained: \_\_\_\_\_ (Please initial)

Please indicate your preference by signing your initials next to the ONE choice below

Pet's Name: \_\_\_\_\_ Sex: (Male / Female) \_\_\_\_\_ Breed: \_\_\_\_\_  
Age: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Owner Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



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

RELEASE FORM  
CREMATION  
EUTHANASIA/  
DATE: \_\_\_\_\_