

Red Barn Veterinary Service LLC

1520 1300th Street
Iola, KS 66749
620-365-3964

Euthanasia Permission

File Number:
Patient Name:
Specie-Breed:
Color-Sex-DOB:

I, the undersigned, do hereby certify that I am the owner or duly authorized agent of the owner of the animal described above; that I am 18 years of age or older; and that I do hereby give the designated veterinarian, her agents, servants and representatives full and complete authority to humanely euthanized the said animal; and I do hereby, and by these present, forever release the veterinary facility and its employees from any and all liability for so euthanizing the said animal.

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

AUTHORIZATION FOR DISPOSITION OF ANIMAL REMAINS

I hereby certify that I am the owner or authorized agent for the owner of the animal described above and that I am 18 years of age or older. I hereby authorize the following method of disposition:

- GROUP BURIAL/CREMATION** at Red Barn Veterinary Clinic. There will be no individual gravesite, marker or monument, no gravesite maintenance and no visiting privileges. Cost of group burial ranges from \$40-\$125.
- PRV CREMATION** Cremains returned to owner. Cost range from \$50-\$150.
- RELEASE REMAINS TO OWNER** for personal disposal. Local laws on burial may apply.

Signature: _____

Date: _____

Client Name:
Address:
City/State/Zip Code:
Telephone Number:

Form completed by veterinarian upon oral consent of owner. Witness to owner's oral consent is _____.

Owner unavailable: form completed by veterinarian. Documentation of attempts to contact pet owner are retained in the file.

Doctor: _____