



**MOUNTAIN VISTA
VETERINARY SERVICES**

66062 MT HW-37
Eureka, MT 59917
(406) 478-6887

Euthanasia/Cremation Authorization Form

Client Label _____

Patient Label _____

certify that I am the owner or the authorized agent for the owner of the pet described above and give _____ Animal Hospital, the doctors and staff full and complete authority to euthanize my pet. I understand that euthanasia is the act ending the life of an animal in a painless and humane way. Arrangements for aftercare will be based on the wishes of the owner/agent and documented below. I release the above named animal to _____ Animal Hospital for:

Please Choose One of the Following *(initial to accept)*

- ☐ I choose to retain my pet for burial or self-delivery for cremation
- ☐ I choose communal cremation for the additional charge of \$_____ and understand that ashes will not be returned
- ☐ I choose private cremation for the additional charge of \$_____

Clay Paw Print *(initial to accept)*

- ☐ I would like a complimentary clay paw print keepsake

Authorization

To the best of my knowledge, the information I have provided on this form is true. I do also certify that my animal has not bitten, seriously scratched or exposed anyone to or has been exposed to rabies within the past 10 days.

I understand that my wishes will be immediately carried out upon signing this agreement. Fees for these services have been explained to me and will be collected at the time of service.

Owner/Agent Signature _____

Date _____

Office Use Only

Euthanasia Performed by:	Time:	Date:
Drug Used/Amount/Route of Admin:	Logged:	Date: