

**Aspen Veterinary Clinic**

441 Landmark Lane #5  
Spring Creek, Nevada 89815  
(775)753-9111

**Euthanasia Authorization**

**Owner Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Pet Name:** \_\_\_\_\_

**Species:** \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Color:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Age:** \_\_\_\_\_

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give the doctors of ASPEN VETERINARY CLINIC permission to euthanize and dispose of said animal in whatever manner the said doctors of ASPEN VETERINARY CLINIC, their agents, servants or representatives deem fit. I also release the doctors, ASPEN VETERINARY CLINIC , their agents, servants and representatives for any and all liability for so euthanizing and disposing of 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 ten (10) days and has not been exposed to rabies.

Please let us know how you would prefer to have your pet's remains taken care of.

I would like to take my pet home for a home burial. \_\_\_\_\_

I would like assistance with cremation options. \_\_\_\_\_

I would like Aspen Veterinary Clinic to dispose of my pet's remains. \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_