

Bradford Animal Hospital  
211 Woodpecker Rd., Statesville NC 28625  
704-876-2031 Fax 704-876-2034

Euthanasia Release Form

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

I, undersigned, hereby give Bradford Animal Hospital, permission to euthanize (“put to sleep”) the pet described below.

I certify that I own the pet or that I am the agent for the owner of the pet and accept responsibility for payment of services rendered.

I further certify that this pet has NOT bitten or otherwise injured anyone within the last 15 days.

Owner’s Name: \_\_\_\_\_

Phone: \_\_\_\_\_ or cell \_\_\_\_\_

Pets Name: \_\_\_\_\_ Age: \_\_\_\_\_

Color of Pet (Description): \_\_\_\_\_

Sex of Pet:    M      Castrated M                      F      Spayed F

Signature of Owner/Agent: \_\_\_\_\_

- I will take this pet home for burial: \_\_\_\_\_
- I wish to have this pet cremated with no return of ashes @ a cost of: \$ \_\_\_\_\_
- I wish to have this pet cremated and have the ashes returned to me @ a cost of :\$ \_\_\_\_\_

I, \_\_\_\_\_, hereby give Bradford Animal Hospital permission to release the remains of my pet on this day.