

BEAR CREEK ANIMAL HOSPITAL

2430 East Victory Way, Craig, CO 81625 Phone: 824-5964, Fax: 824-7567

AUTHORIZATION TO PERFORM EUTHANASIA

Client _____ Patient _____ Date _____

As owner or duly authorized agent of the owner, I do hereby request that Bear Creek Animal Hospital assist me in providing peaceful and humane death of my pet. I certify, in compliance with Colorado Statute, that this animal has not bitten any person within the last ten (10) days.

I wish to be present at the euthanasia (yes) _____ (no) _____

I would like the following care for my animal to be provided:

_____ Disposal by Bear Creek Animal Hospital

_____ Taken by owner

_____ Routine cremation (Remains will NOT be returned)

_____ Private cremation (Remains returned in a wooden box, with certificate)

I understand that if I have not picked up my animal's remains within 60 days of the cremation, Bear Creek Animal Hospital will dispose of the remains in accordance with hospital policy.

Authorized Signature: _____

Witness: _____