

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

Euthanasia Release Form

Date: <date> _____

I, undersigned, hereby give North Iredell 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.

Client Name: <first-name> <last-name>

Phone: <phone>

Pet: <animal> Age: <age>

Color: <color> Sex: <sex>

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 North Iredell Animal Hospital permission to release the remains of my pet on this day.