



## Animal Hospital of Lake Villa

101 south Milwaukee Avenue

Lake Villa, IL 60046

847.356.VETS (8387)



### OWNER'S AUTHORIZATION

To Perform Euthanasia and Disposal

I, the undersigned, do hereby certify that I am the owner, or authorized agent of the owner, of the animal described below. I hereby consent to, and order, euthanasia to be performed on that animal. I further authorize the attending veterinarian, his agents, and representatives full and complete authority to dispose of said animal according to the Laws of the State of Illinois regulating pathological disposal.

I realize the attending veterinarian must pay a fee for the disposal of said animal, and do hereby and by these presents forever release the said Doctor, his agents, and representatives from any and all liability for the performance of euthanasia and disposal of said animal.

To the best of my knowledge and belief, this animal has not been exposed to Rabies, and I do also certify that the said animal has not bitten any person or animal during the last ten (10) days preceding this date.

I grant permission for postmortem study of the animal.  No

Pet's name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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