

Euthanasia Release Form

Date: _____

I, _____, hereby give Lineberger Veterinary Hospital,
(Owner or Agent's Name)
P.C., permission to euthanize ("Put to sleep") the pet described below.

I certify that I own this pet or that I am the agent for the owner of the patient.

I further certify that this pet has not bitten or otherwise injured anyone within the past fifteen (15) days.

Owner's name: _____ Pet's name: _____

Sex of pet: _____ Pet's breed: _____

Signature: _____

Body Release Form

I, _____, hereby give Lineberger Veterinary Hospital,
(Owner or Agent's Name)
P.C., permission to release the remains of my pet on this date, _____.
(Date)

Signature: _____