**Hundley Veterinary Services LLC
8300 Hopkins Rd, Richmond, VA, 23237
804-647-9930**

 AUTHORIZATION TO PERFORM EUTHANASIA

*Client Information Patient Information*

Referring Veterinarian: Date: / /

I, the undersigned, am the owner (or duly authorized agent for the owner) of the animal described above. I hereby consent to and order euthanasia (humane death) to be performed on this animal, forever releasing Hundley Veterinary Services LLC, and its staff from any and all liability for performing said euthanasia.

It is my desire to provide for my pet decent and humane after-death care, complying with all legal requirements of the area. I authorize the attending veterinarian and staff to take charge of my pet's remains in accordance with hospital policy, releasing the hospital, veterinarians, and agents from any and all liability for performing said after-death care, with the following stipulations included:

PLEASE INDICATE YOUR DECISION FOR CARE OF REMAINS BY INITIALING BELOW:

\_\_\_\_\_\_\_\_\_\_ Return remains for personal disposition

\_\_\_\_\_\_\_\_\_\_ Communal cremation

\_\_\_\_\_\_\_\_\_\_ Private cremation (remains will be returned to **Hundley Veterinary Services**  for pickup by owner unless otherwise specified).

Learning the cause of death of your pet can be of great help in relieving the suffering of other pets, as well as contributing to our understanding of health and disease. Unless you request otherwise, a postmortem evaluation may be performed on your pet prior to cremation. Should we choose to do this, you will not be charged unless you wish to receive a report.

\_\_\_\_\_\_\_\_\_\_ I DO NOT authorize a postmortem evaluation.

Dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hour, on this day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 201\_\_\_\_.

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Signature Witness