

RIGHT-CLICK TO SAVE FORM TO YOUR COMPUTER

BYRON V. REID, VMD,PA dba REID & ASSOCIATES EQUINE CLINIC
EQUINE HYPERBARIC CENTER OF SOUTH FLORIDA

1630 F Road, Loxahatchee, FL 33470
Office: 561-790-2226 Fax: 561-798-1310

EUTHANASIA AND DISPOSAL AUTHORIZATION FORM

Owner:

Patient:

Address:

Breed of Patient:

City:

Color:

State:

Zip:

Age:

Phone:

The undersigned, being 18 years of age or older, does hereby certify that he/she is the owner or authorized agent of the above listed animal. In order to authorize and induce the euthanasia and disposal of the animal named above, the undersigned does hereby certify he/she is the full owner or authorized agent of said animal. The undersigned hereby requests euthanasia and disposal of said animal by personnel of Byron Reid & Associates V.M.D., P.A. and/or Equine Hyperbaric Center of South Florida P.A. in such a manner as they see fit. In consideration of performance of this service, the undersigned hereby fully and forever releases, acquits and discharges and shall indemnify and hold harmless Byron Reid & Associates, V.M.D., P.A. and Equine Hyperbaric of South Florida P.A. and the personnel thereof from any and all actions, claims and demands of any kind or nature on account of the euthanasia or disposal of the animal.

I give permission for the full necropsy (autopsy) of the aboved named animal.

I do not give permission for a necropsy (autopsy) of the aboved named animal.

Owner Signature: _____ Date: _____ Time: _____

Print Owner Name:

Agent Signature: _____ Date: _____ Time: _____

Print Agent Name:

Witness Signature: _____ Date: _____ Time: _____

Print Witness Name: