

## EUTHANASIA CERTIFICATE

Date: Foxboro Animal Hospital  
200 Mechanic Street  
Foxboro, MA 02035-1243

Owner: Patient:  
Address: Breed:  
City, Zip Code: Sex:  
Phone: Age:  
Color:

---

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above; that I do hereby give Foxboro Animal Hospital, or agents and representatives thereof, full and complete authority to euthanize said animal in whatever manner deemed appropriate by the presiding veterinarian.

I do hereby forever release Foxboro Animal Hospital, its agents and representatives, including said veterinarian, from any and all liability for euthanizing the animal referenced above.

I do also certify that the said animal has not bitten any person or animal during the last ten (10) days and to the best of my knowledge has not been exposed to rabies. \_\_\_\_\_ (initial)

Regarding my animal's remains, please choose ONE of the following options:

- Private Cremation (ashes returned to me at additional cost)
- Communal (Group) Cremation
- I will take my animal with me today and make my own arrangements
- Please hold my animal here pending my later decision. (\*Please note that due to limitations of storage space, pets will be held for one week. All attempts to contact you will be made at that time before releasing the animal for group cremation. You will then be billed our standard group cremation fee.

Signed: \_\_\_\_\_