

Ford Veterinary Surgery Center
Troy S. Ford, DVM, DACVS

AUTHORIZATION TO PERFORM EUTHANASIA

ANIMAL NAME: _____ **SPECIES:** _____

Breed: _____ **Age:** _____ **Sex:** _____

As owner, or as duly authorized agent of the owner, of the animal named above, I hereby consent to and order euthanasia to be performed on this animal for humane reasons by Dr. Troy S. Ford, DVM, DACVS or by his designated agent.

I further authorize the Troy S. Ford Veterinary Surgery Center to dispose of the animal's remains. I agree to pay for the above-described services.

Signed: _____ **Date:** _____

Address: _____

Phone Number: _____

Note: If this is a dog or cat, I also certify that to the best of my knowledge this animal has not bitten anyone in the last 15 days.

We do not dispose of sheep, goats, dogs or cats.