



Cannon Veterinary Services

31310 Woodhaven Trail Cannon Falls MN 55009 651-258-4050



Euthanasia Authorization

Owner: _____ Animals Name: _____
 Phone Number: _____ Breed: _____
 Address: _____ Birth Date: _____
 _____ Sex: _____
 City: _____ State: _____ Color: _____

To euthanize our pets is a difficult decision to make. The CVS staff realizes how hard it is for you and are willing to help you through this difficult time. We understand that completing this form in our office is heartbreaking. With deep consideration we have decided to make it available online, so you may complete it in the comfort of your own home. We would like to make this process as easy as possible for you.

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described, that I do hereby give Cannon Veterinary Services, LTD and staff full and complete authority to euthanize the said animal; and I do hereby and by my signature forever release Cannon Veterinary Services, LTD and its staff from any and all liability for so euthanizing and disposing of said animal. I do also certify that to the best of my knowledge the said animal has not bitten any person or animal during the last fifteen (15) days, and has not been exposed to Rabies.

Signed: _____

Date: _____

Disposal Procedure:

Clients choice to take home _____ Mass Cremation _____

Individual Cremation Box _____ Individual Cremation Urn _____