

**Northgate Animal Hospital
3616 N. Thomas
Memphis, TN. 38127
901-358-9111**

10/24/13

Euthanasia Release Form

Client ID :	Patient ID :
Client Name :	Name :
Spouse :	Species :
Address :	Breed :
	Sex / Altered :
City / State / Zip :	Color :
Telephone :	Weight :
	Birth Date :

Doctor: Dr. Tracy Gullett

I, the undersigned, do hereby certify that I am the owner, or duly authorized agent for the owner, of the animal described above. I do hereby give the hospital, the staff and representatives full and complete authority to euthanize and dispose of said animal in whatever manner the doctors, their staff or representatives deem fit.

I do hereby release the hospital, the staff and representatives from any and all liability for euthanizing and disposing of the 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 ten (10) days and has not been exposed to rabies.

Signed _____