

**Lee's Summit Animal Hospital
411 S. Market St.
Lee's Summit MO 64063
(816) 524-0464**

Euthanasia Authorization

Client Name: Address: Phone:	Patient Name
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Date _____

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give the doctors of Lee's Summit Animal Hospital permission to euthanize and dispose of said animal in whatever manner the said doctors of Lee's Summit Animal Hospital, their agents, servants or representatives deem fit. I also release the doctors, Lee's Summit Animal Hospital, their agents, servants and representatives for 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 ten (10) days and has not been exposed to rabies. The cost of euthanasia is \$75.00

SIGNED: _____

I would like:

Individual Cremation: _____

(Ashes returned)

The fee for individual cremation will vary by pet weight. (\$188 to \$241 plus euthanasia)

Simple Cremation: _____

(No ashes returned)

The fee for simple cremation is \$52.00 plus euthanasia

Other: _____

