

# SUFFIELD VETERINARY HOSPITAL

577 East St. South, Suffield, CT 06078

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## Request for Euthanasia

[Affix Patient Label Here]

[Affix Inserv Tag Here]

As the owner or duly authorized agent of the animal described hereon, I hereby consent to, and order euthanasia to be performed on the animal for humane reasons. I further authorize the attending veterinarian to dispose of the remains in accordance with Suffield Veterinary Hospital's policy, and as I have indicated below.

Home Burial

General Burial

Cremation (No ashes returned)

Private Cremation (Ashes returned)

For an additional charge, a clay imprint of your pet's paw can be purchased.\*

\*Not available with Home Burial



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To the best of my knowledge and belief this animal has not bitten any person during the fifteen days preceding this date.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

