



Owner/ Agents Name: _____ Date: _____

Species: CANINE FELINE EQUINE OTHER: _____

Pet's Name: _____ Pet's Sex: MALE FEMALE

I certify that I am the legal owner/ duly authorized agent of above described animal and do hereby give Melissa Masters DVM full and complete authority to euthanize the above described animal. I hereby forever release Melissa Masters DVM and Masters Veterinary Service LLC and any authorized agents, staff, or representatives from any and all liability for euthanasia and disposal of the above described animal.

I also attest that to the best of my knowledge this animal has not bitten any person or animal in the last 15 days or has been exposed to the rabies virus within the last 15 days.

By signing below, I attest that I have read and fully understand and authorize this procedure and that all applicable fees have been explained to me. I also acknowledge that if I have elected home burial that I understand and am aware of all hazards, laws, and regulations regarding the burial of fore mentioned animal.

Owner/ Agent Signature: _____ Date: _____

Aftercare Arrangements: Please circle and initial your designated choice in the area below

Small animal: _____ (Initial)

HOME BURIAL MASS GRAVE CREMATION W/ ASH RETURN CREMATION WITH NO ASH RETURN

Equine: _____ (Initial)

HOME BURIAL BLACK HILLS ANIMAL RECOVERY OTHER

SCS Date: _____ Initials: _____

AR: Date: _____ Initials: _____