

Owner Present:

Owner to take home:

Private Cremation:

Group Cremation:

**All Pets Clinic**  
**Dr. Suzanne T. Billiar**  
**1139 East Silver Spring Blvd**  
**Ocala, Florida 34470**

**EUTHANASIA AUTHORIZATION**

**OWNER INFORMATION**

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PET INFORMATION**

NAME: \_\_\_\_\_ SPECIES: \_\_\_\_\_

BREED: \_\_\_\_\_ AGE: \_\_\_\_\_

SEX: MALE:  FEMALE:  SPAYED/NEUTERED:  COLOR: \_\_\_\_\_

I the undersigned do hereby certify that I am the Owner/Authorized Agent for the owner of the pet described above: That I do hereby give Dr. Suzanne T. Billiar full and complete Authority to euthanize the said pet and forever release Dr. Suzanne T. Billiar, Staff, and ALL PETS CLINIC from any and all liability euthanizing the above pet.

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