



Date:

Owner:

Street:

City:

Phone:

State:

Zip:

Pet Name:

Breed:

Sex:

Age:

Color:

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 Pet Care Clinic of the High Country full and complete authority to euthanize <animal> in whatever manner the said Doctor, his agents, servants, or representatives shall deem fit.

I do hereby, and by these presents forever release the said Doctor, his agents, servants, or representatives from any and all liability for so euthanizing the said animal.

I do also certify that the said animal has not bitten any person or animal during the last fifteen (15) days, and to the best of my knowledge has not been exposed to rabies.

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

Date:

Would you like....

- \_\_\_\_\_ to have your pet cremated with his/her ashes returned
- \_\_\_\_\_ to have your pet cremated without his/her ashes returned
- \_\_\_\_\_ to take your pet's body home for burial
- \_\_\_\_\_ to have a clay paw print made of your pet's paw at **no additional charge.**

**Pet Care Clinic of the High Country**

1614 NC Hwy 105  
Boone, NC 28607  
(828) 268-1159