## **Red Barn Veterinary Service LLC**

1520 1300th Street Iola, KS 66749 620-365-3964

## **Euthanasia Permission**

Patient Name:	Specie-Breed:	Color-	Sex-	DOB:	
described above; that I a agents, servants and rep	ereby certify that I am the owner am 18 years of age or older; and resentatives full and complete au esent, forever release the veterina animal.	that I do hereby gi thority to humane	ve the desig	mated veterinarian, her ed the said animal; and I de	
•	he best of my knowledge the saids not been exposed to rabies.	d animal has not b	itten any pe	rson or animal during the	last
	AUTHORIZATION FOR I	DISPOSITION O	FANIMAI	REMAINS	
	n the owner or authorized agent to I hereby authorize the following			scribed above and that I ar	n
	CREMATION at Red Barn Vete o gravesite maintenance and no v	•			)-
` '	N Cremains returned to owner. Com INS TO OWNER for personal d	•		may apply.	
Signature:	Date:				
Client Name:	Address	S:			
City/State/Zip Code:		Telepho	ne Number	:	
( ) Form completed by	veterinarian upon oral consent of	f owner. Witness t	o owner's o	ral consent is	
( ) Owner unavailable: retained in the file.	form completed by veterinarian.	Documentation of	f attempts to	o contact pet owner are	
Doctor:					

FYI - Consumer information is not shared with third parties for marketing purposes.

I allow Red Barn Veterinary Service LLC to contact me through text messages.

I allow Red Barn Veterinary Service LLC to contact me through email.