



709 Orange Street  
Lebanon, Pa 17042  
717-270-1989 [vetmedleb.com](http://vetmedleb.com)  
[vetmedleb@yahoo.com](mailto:vetmedleb@yahoo.com)

## Euthanasia Authorization

Client Name:

Address:

Telephone: ( ) -

Name:

Species:

Breed:

Sex:

Color:

Markings:

Birth Date:

Microchip

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, and that I do hereby give the doctors of the Veterinary Medical Center of Lebanon, Inc. (VMC) permission to euthanize Estimate. I also release the doctors, VMC, their agents, servants and representatives for any and all liability for said euthanasia of Estimate. I do also certify that to the best of my knowledge Estimate has not bitten any person or animal during the last ten (10) days and has not been exposed to rabies.

Owner's Signature \_\_\_\_\_