**AUTHORIZATION AND AGREEMENT**

**FOR EUTHANASIA OF ANIMAL**

By signing below, I certify that I am the legal owner (or the authorized agent of the legal owner) of the animal described below (the “Animal”), and that no other person’s consent is required to execute this Authorization and Agreement for Euthanasia of Animal (this “Authorization”).

Animal’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Species: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proof of Ownership Provided? YES NO (circle one)

Documents Provided as Proof of Ownership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Euthanasia:

Fee for Euthanasia: Paid? 🞎

COMPLETE THIS SECTION ONLY IF DIRECTED

**Post Mortem Exam**

I give permission for a post-mortem examination to be performed on the Animal. ⁮Yes ⁮ No

If there are significant findings, I wish to be informed of the results. ⁮Yes ⁮ No

1. I hereby surrender and transfer all of my legal and equitable interests, including any possessory or ownership interests, in the Animal to [Shelter Name] (the “Shelter”) and grant to the Shelter full and complete authority to euthanize the Animal, and to dispose of the Animal and any of its belongings which I also may have surrendered to the Shelter, as determined by the Shelter in its sole and complete discretion. I am fully aware and understand that euthanasia is irrevocable. I am fully aware and understand that the Shelter is not required to hold the Animal for any length of time before performing euthanasia on the Animal.

2. Because the Shelter is acting upon my request, direction and authorization, I hereby completely release and forever discharge the Shelter and its employees, volunteers and agents (collectively, “Representatives”) from, and expressly waive and relinquish, any and all claims, actions or causes of action of any kind whatsoever, which I now have or later may have against the Shelter and/or its Representatives, and which in any way result from, arise out of, or are in connection with the euthanasia of the Animal, whether or not such claims, actions or causes of action may be attributable to the negligence or carelessness of the Shelter or its Representatives.

3. I further agree to indemnify and hold the Shelter and its Representatives harmless from and against any and all claims, liabilities, demands, causes of action, losses, damages, expenses and fees (including attorneys’ fees) arising from any breach of the representations, warranties or agreements made by me in this Authorization. I understand and agree that this indemnification provision specifically includes, without limitation, any claims based on the contention that I did not have the authority to relinquish the Animal to the Shelter and/or to authorize its euthanasia.

4. I understand and agree that the Shelter is not required to provide me with any information about the Animal, including, without limitation, information relating to the Animal’s medical condition, prognosis or whereabouts.

5. I represent and warrant that, to the best of my knowledge, the Animal **[CHECK ONE]** has \_\_\_\_\_ has not \_\_\_\_\_ bitten any person in the past 14 days; and **[CHECK ONE]** has \_\_\_\_\_ has not \_\_\_\_\_ been exposed to, or suspected to have, rabies (through being bitten by or having had intimate contact with a known or suspected rabid animal, or otherwise).

6. I shall be solely responsible for any charges or fees in connection with the euthanasia of the Animal.

7. This Authorization may be executed in counterparts, each of which is deemed to be an original but when taken together shall constitute one instrument. This Authorization shall be interpreted in accordance with the laws of the State of California, without regard to principles of choice or conflicts of law, and all disputes between the parties relating to this Agreement shall be resolved or adjudicated in [County where Shelter is located]. If any provision of this Authorization is deemed void, invalid or unenforceable, such provision shall be considered severed from this Authorization and shall not affect the validity or enforceability of any other provision. This Authorization constitutes the entire understanding and agreement between the parties regarding the subject matter herein and supersedes all prior understandings, discussions, representations, warranties and agreements between the parties, whether written or oral.

I have read this Authorization, and understand and agree to the terms and conditions set forth herein.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Shelter**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_