AGREEMENT FOR AUTHORIZING EUTHANASIA

I,	, of (city, state)
authorize the euthanasia, by a veterinarian li	censed in the State of New York, of any of my (species)
	that test positive for (disease) ,
or that, in the professional opinion of a veter	rinarian, are so maimed, diseased, or debilitated as to require euthanasia to be
spared undue suffering. I will hold harmless	s the veterinarian, law enforcement agency, and humane organization that
causes my (species)	to be humanely destroyed.
Signature	Date
Witness	Date