

AGREEMENT FOR AUTHORIZING EUTHANASIA

I, _____, of (city, state) _____

authorize the euthanasia, by a veterinarian licensed in the State of New York, of any of my (species)

_____ that test positive for (disease) _____,

or that, in the professional opinion of a veterinarian, are so maimed, diseased, or debilitated as to require euthanasia to be spared undue suffering. I will hold harmless the veterinarian, law enforcement agency, and humane organization that

causes my (species) _____ to be humanely destroyed.

Signature

Date

Witness

Date