Yellowstone Valley Animal Shelter EUTHANASIA & DISPOSAL REQUEST FORM

Owner Name:		Date:		
Address:				
City:		State:	Zip:	
Phone:	Alterna	ate Phone:		
Pet's Name:		Age: _		
Animal Breed or Ty	ype:			
Coloring/Markings	o			
Sex: Male □ F	Female □ Neutered □	Spayed □		
Reason for Euthana	asia:			
If it is deemed that euthand to contact the owner to dis- initial contact (successful o	cuss other options. The anii	mal will become prop	erty of YVAS after 72	
I, the undersigned, do here animal described above, the employees or representat the manner indicated belo	hat I do hereby give Yellov ives, full and complete aut	wstone Valley Animal thority to end the life	Shelter, Inc. (YVAS)	and its
By initialing notifies menYVAS communal cr	urned to me(ir. above, I understand that if for pickup, it will be dispos remation (no remains retur vate, exclusive, or ceremor	I do not claim the bosed of through comm	unal cremation. nitial)	
I also certify that to the be the last fifteen (15) days, ar			ten any person or ar	nimal during
I further understand that I completed a grant applica			endered or have oth	erwise
Signature of Owner or Agent			Date	
Printed Name (if other than o	wner listed above)			
YVAS Use Only: Anima	al ID Number:	YVAS	S Employee Initial:	