

Euthanasia permission

I, _____ give permission to Dr Urich and Home Comfort Veterinary Services Inc. to provide euthanasia service for my pet.

(name)_____ Wt__

(species)_____ Age:_____

(breed)_____

(gender) male__ or female_____

I verify that I am the true owner of this pet and that there have been no known events associated with any human or animal receiving a bite from this animal in preceeding 30 days.

Signed _____ Date_____

Address: _____ Phone:_____

Prior/Current Diagnosis :

Current health:

Euthanasia Discussion with owner:

Drugs administered: 1_____ 2_____

Care of Remains: