

CONSENT TO PERFORM EUTHANASIA

Owner: \_\_\_\_\_

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

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Sex: M F Spayed/Neutered

Breed: \_\_\_\_\_ DOB or age: \_\_\_\_\_ Wt: \_\_\_\_\_

Description (color, markings) : \_\_\_\_\_

Primary veterinarian/phone number:

\_\_\_\_\_

As a courtesy, we will advise your veterinarian of the passing of our pet so that they may update their records and have a chance to extend their condolences. If you **do not** wish us to call your veterinarian, please check here \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

I prefer to handle the payment before /after the procedure

I am the owner or authorized representative of the pet described above and hereby give "A HouseCall Vet" and Dr. Gold / Shmueli permission to humanely euthanize my pet.

To the best of my knowledge, this animal has not bitten any human or other animal within the last 15 days before this date (this is a legal point regarding Rabies). All my questions regarding the procedure itself and any applicable fees have been answered fully.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A HouseCall Vet, Thousand Oaks, CA. (805) 905-9017 [www.ahousecallvet.weebly.com](http://www.ahousecallvet.weebly.com)