

PetDoc2U CONSENT TO PERFORM EUTHANASIA

Owner: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____

Pet's Name: _____ Weight: _____

Breed: _____ Age: _____ Sex: Male ___ Female ___

Description (color, markings): _____

Reason for euthanasia: _____

Who referred you to us? _____

I am the owner or authorized representative of the pet described above and hereby give PetDoc2U and Dr. Sue Spray 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 10 days proceeding 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: _____