

Pets Care LLC
(609)408-3010
www.PetscareLLC.com
Petscaredf@gmail.com

Authorization to Perform Euthanasia

Date: _____ Client Account # _____

Pet Name: _____ Weight: _____ Breed: _____ Sex: _____

Owners Name: _____

Owner's Address: _____

I, the undersigned, do hereby certify that I am the owner or duly authorized agent of the owner of the animal described above, that I am 18-years of age or older, and that I do hereby give Doctor _____, his or her agents, servants and representatives full and complete authority to humanely euthanize the said animal; and I do hereby forever release the veterinary facility and its employees from any and all liability for so euthanizing the said animal.

_____ I Certify, that to the best of my knowledge, the said animal has not bitten any person or animal during the last ten (10) days and has not been exposed to rabies. By signing below, I confirm the information on this sheet is complete and correct.

_____ The said animal has bitten a person or animal during the last ten (10) days. I certify, that to the best of my knowledge the said animal has not been exposed to rabies. By signing below, I confirm the information on this sheet is complete and correct.

Signature: _____
Hand signature or typed name acknowledges consent.