

Consent to Perform Humane Euthanasia

Owner: _____

Address: _____

City: _____ ZIP: _____

Email: _____

Telephone: _____ Cell: _____

Pet's Name: _____

Breed: _____ DOB: _____ Sex: M F Spayed/Neutered? Yes No

Description: _____

Reason for euthanasia: _____

Primary veterinarian/hospital: _____

I am the owner of the pet described above and hereby give Dr. Therese Chan and Gentle Passing 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.

Signature: _____ Date: _____