

Gentle Pet Passages Euthanasia Authorization

Date _____

Legal Pet Owner's Name _____

Address _____

Phone _____ Email _____

Pet name _____ Pet's Age _____

Breed _____ Color _____

Please Circle: Male/Female Spayed/Neutered

Approximate Weight _____

Illness / Describe Condition _____

Veterinary Clinic and Phone # (N/A if no veterinary clinic) _____
(we may call veterinary clinics and inform them of the house call unless otherwise requested)

How did you hear about us? _____

Today I am helping my pet (pet's name) _____ by requesting Dr. Jerrod Killian (Gentle Pet Passages) to assist with an in-home euthanasia.

_____(Initial) I certify that I am the owner or authorized agent of my pet. I give Gentle Pet Passages full and complete authority to perform euthanasia (humane death) on my pet.

_____(Initial) I certify that my pet, to the best of my knowledge, has not been exposed to rabies, bitten, seriously scratched, or exposed any person or animal to rabies within the past 10 days. I understand that if this statement is not true, it is my responsibility to inform the veterinarian as soon as possible and prior to euthanasia.

_____(Initial) All applicable fees (euthanasia and cremation) have been discussed and agreed upon. I understand that I assume financial responsibility for all services and that payment is due when services are rendered.

_____(Initial) I understand that the euthanasia process is used to painlessly put down animals. I have read the information provided on the subject. I understand that the process may begin immediately following my signing of this document.

_____(Initial) I have read and understood this document and warrant that all representations and statements contained in this form are true and correct.

Pet Owner Signature _____ Date _____