

## Euthanasia permission

**I, \_\_\_\_\_ give permission to Dr Urich and Home Comfort Veterinary Services Inc. to provide euthanasia service for my pet.**

**(name)\_\_\_\_\_ Wt\_\_**

**(species)\_\_\_\_\_ Age:\_\_\_\_\_**

**(breed)\_\_\_\_\_**

**(gender) male\_\_ or female\_\_\_\_\_**

**I verify that I am the true owner of this pet and that there have been no known events associated with any human or animal receiving a bite from this animal in preceeding 30 days.**

**Signed \_\_\_\_\_ Date\_\_\_\_\_**

**Address: \_\_\_\_\_ Phone:\_\_\_\_\_**

**Prior/Current Diagnosis :**

**Current health:**

**Euthanasia Discussion with owner:**

**Drugs administered: 1\_\_\_\_\_ 2\_\_\_\_\_**

**Care of Remains:**