

**PET LOSS AT HOME OF ORANGE COUNTY
CONSENT FOR EUTHANASIA**

Name: _____

Address: _____

City: _____ ZIP: _____

Phone: _____ or _____

Email Address: _____

Pet's Name: _____ M / F Neutered: Yes / No

Species: Dog Cat Other: _____

Breed: _____ Age: _____ Weight: _____

Description: _____

Primary Care Veterinarian: _____

Veterinarian's Phone Number: _____

Other Veterinarians Seen in Last Two Years: _____

With my signature, I certify that:

I am the owner or authorized agent for this pet;

This pet has not bitten any person within the last ten days;

I give permission to humanely euthanize this pet and I release this veterinarian from all liability in performing this procedure.

Checks preferred, but Mastercard, Visa, Discover and American Express welcome.

PLEASE MAKE CHECKS PAYABLE TO: DR. MEG SULZEN

X _____

Date: _____