



# Home Pet Euthanasia of Southern California Consent to Perform Euthanasia

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Sex: M F Spayed/Neutered

Breed: \_\_\_\_\_ DOB or age: \_\_\_\_\_ Wt: \_\_\_\_\_

Description (color, markings) : \_\_\_\_\_

Reason for euthanasia: \_\_\_\_\_

Primary veterinarian: \_\_\_\_\_

Primary veterinarian phone number: \_\_\_\_\_

Any other veterinarians your pet has seen in the last 2 years \_\_\_\_\_

*As a courtesy, Home Pet Euthanasia will advise your veterinarian of the passing of your pet so that they may update their records and have a chance to extend their condolences. If you do **not** wish HPESC to call your veterinarian, please check this box:*

Who referred you to us?  YELP  Google  Facebook  other internet: \_\_\_\_\_

friend: \_\_\_\_\_  Vet office: \_\_\_\_\_  other: \_\_\_\_\_

**Payment preference:** We prefer cash or check but credit cards are welcome. Cash  Check  Credit Card   
As it may be difficult for you to do anything after your pet has passed away, we recommend that you take care of all forms and payment before so you can be free to take care of yourself and your family after your pet's euthanasia.

*I am the owner or authorized representative of the pet described above and hereby give Home Pet Euthanasia of Southern California and Dr Annie Forslund 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 preceding this date (this is a legal point regarding Rabies). All my questions regarding the procedure itself and any applicable fees have been answered fully.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_