

EUTHANASIA AUTHORIZATION

Mobile Cat & Dog Vet
63440 Hamhook Rd
Bend, OR 97701

Date:

Owner:

Street:

City/State/Zip Code:

Phone:

Pet's Name:

Breed:

Sex:

Age:

Color:

I, the undersigned, do certify that I am the owner (or duly authorized agent for the owner) of the animal described above; that I do hereby give Dr. Libby Hays, DVM, her agents, and representatives full and complete authority to euthanize the said animal in whatever manner the said Doctor, her agents or representatives shall deem fit.

I do hereby, and by these presents forever release the said Doctor, her agents, or representatives from any and all liability for so euthanizing the said animal.

I do also certify that the said animal has not bitten any person or animal during the last fifteen (15) days, and to the best of my knowledge has not been exposed to Rabies.

Signed: _____