

All Vet Care Animal Hospital  
4065 Mission Oaks Blvd.  
Camarillo CA 913012  
AllVetCare.com  
(805) 484-8777/0

### 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) : \_\_\_\_\_  
Primary veterinarian \_\_\_\_\_  
Who referred you to us? \_\_\_\_\_

I prefer to handle the payment-  
 Before the procedure  After the procedure

Remain care-  
 Private Cremation and Paw print  Paw print Only  Communal Cremation  
 I will take care of the remains myself.

Rabies legal point-  
To the best of my knowledge, this animal has not bitten any human or other animal within the last 14 days.

All my questions regarding the procedure itself and any applicable fees have been answered fully.

I am the legal owner of the pet described above and hereby give "All Vet Care animal hospital", Dr. Gold and or Dr. Shmueli permission to euthanize my pet.

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





