

City Cat Mobile Vet Service

http://citycatmobilevet.com

(206) 755-9257

Euthanasia Authorization

Welcome to City Cat Mobile Vet Service. Thank you for giving us the opportunity to care for your cat. Please take a moment to complete this information sheet.

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Your Employer _____ Work Phone _____

E-mail Address _____

Name of Spouse/Partner _____

Where did you hear about us? _____

Who is your regular veterinarians and would you like us to notify them of the euthanasia?

Cat's Name _____ Breed _____ Sex M/F

Spayed/Neutered Y/N Age _____ Color _____

Would you like us to take care of your cat's remains? Y/N

If yes, would you like a general cremation (you do not receive the ashes back) or a private cremation (you do receive the ashes back).

Please check a box:

General Cremation

Private Cremation

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

We accept cash and checks. We charge a \$30.00 fee for returned checks.

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above: that I do hereby give City Cat Mobile Vet Service, agents, servants, and representatives full and complete authority to euthanize the said animal.

I do hereby, and by those present, forever release the said doctor, agents, servants, 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.

SIGNATURE _____ DATE _____

Official Use:

Telazol _____ ml Pentobarbitol _____ ml Logged ; SL ; Notice to rDVM ; Scanned

