

AUTHORIZATION TO PERFORM EUTHANASIA

Please Check following below:

- To the best of my knowledge and belief this animal has not bitten any person during the fifteen (15) days preceding the date below.
- As owner, or duly authorized agent to the owner, of the animal described hereon, I hereby consent to and order, euthanasia to be performed on the same for humane reasons.

DISPOSE OF ANIMAL

- AA SORRENTO VALLEY PET CEMETERY AND CREMATORY
Owner must make arrangements. Call (619) 276-3361
 Pick Up Cremation Burial
- City or County required disposal
- HOLD BODY for three (3) days for instructions

NAME: _____ AGE: _____ SEX: _____

SPECIES: _____ BREED: _____ COLOR: _____

CASE NUMBER: _____

SIGNATURE: _____ DATE: _____

Please make checks payable to:
Jason T. Miller, DVM

Graceful Departures
Phone: 760-532-8166
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www.GracefulDepartures.com