



Peaceful Pet Passage

Companion Pet Name:
Pet Species:
Pet Breed:
Pet Weight:

Notes:
Gender:
Color:
Age: | DOB:

Date: June 26, 2023 | **Home:** | **Vet:** | **Preferred payment method:**

To:
Peaceful Pet Passage
United States

Location of Service:
Peaceful Pet Passage

Appointment Information:
Date:
Time:
Special location information:

Qty
Total Purchases

Description

Total
\$0.00

Payments Made

Payments Due

Balance Due Now

\$0.00

Euthanasia Authorization

I, the undersigned, certify that I am the owner or duly authorized agent for the owner, of the animal described above. I do hereby give Peaceful Pet Passage Veterinarians, staff and agents complete authority to euthanize the animal described above. I release Peaceful Pet Passage Veterinarians, staff and agents from any and all liability for euthanasia of said animal.

I understand that euthanasia involves administering an intravenous injection of sodium pentobarbital causing painless and irreversible death to the animal described above.

I certify, to the best of my knowledge, the above animal has not bitten any person or animal during the last 10 days and has not been exposed to rabies.

Signature

Date

Peaceful Pet Passage
210 Andersontown Rd
Mechanicsburg, Pennsylvania 17055
United States
(717) 691-9214

Vet Clinic:

Clinical Notes: