



Request to Perform Euthanasia

Owner/Agents Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____

Email: _____

Pet Information:

Pet Name: _____

Please Check: **CAT** **DOG** **SMALL ANIMAL**

Breed: _____

Please Check: **MALE** **FEMALE**

Age: _____

Colour: _____

Reason for euthanasia:
