



Chad S. Alves D.V.M.  
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### Owner Information

Owner's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Alt. Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

### Pet Information

Pet's Name \_\_\_\_\_ Age (approx) \_\_\_\_\_ Male | Female

Species: Dog | Cat | Other \_\_\_\_\_ Weight (approx lbs) \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Reason for request \_\_\_\_\_

\_\_\_\_\_

### Request for Euthanasia

I am the legal owner of this pet or the owner's authorized agent.

I am 18 years of age or older.

I certify this pet has not bitten any person or animal during the past 10 days and has not been exposed to rabies. I understand that if my pet has bitten anyone, a rabies test may be required by law.

I authorize Dr. Alves to humanely perform euthanasia services for this pet. I release and indemnify Dr. Alves from any and all claims, suits, damages or liabilities of any type which may at any time arise from or related to the service, care, treatment, euthanasia or disposal of the animal requested herein.

I hereby understand that euthanasia will result in the end of life.

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

ID Type \_\_\_\_\_ ID Number \_\_\_\_\_