Request for treatment and permission to euthanize

Owner(s):	Address:	
Cell phone #s:		
Landline #s:		email: phone #s:
Alternate emerger	ncy contact 1 – name:	phone #s:
Alternate emerger	ncy contact 2 – name:	phone #s:
Veterinarian(s) #s	::	
Other:		
To Attending Ve	terinarian,	
animals (see belov		ng veterinarian with the authority to treat our permission to undertake treatment up to the ct us.
us or our emerger and it is your prof unlikely to surviv opinion you feel	ncy contacts (see above phone fessional opinion that the progreye, or will not survive without that euthanasia would be the	cal emergency and you are unable to contact numbers) within a reasonable length of time osis is dire with the afflicted animal(s) being suffering greatly, and in your professional ne most humane way of dealing with the the animal(s) that is/are afflicted.
Signed:		
Nama(s): (print al	oorly)	
Name(s): (print cl	earry)	
List animals below	w: type, name, & description.	