



# Peaceful Pet Passage

**Companion Pet Name:**

**Pet Species:**

**Pet Breed:**

**Pet Weight:**

**Gender:**

**Color:**

**Age:** | **DOB:**

**Date:** | **Order #:** | **Phone:** | **Preferred payment method:** Check/CC/Cash

**To:** | **Location of Service:** | **Appointment Information:**  
Date:  
Time:  
Special location information:

Qty	Description	Total
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**Total Purchases**

**Payments Made**

**Payments Due**

Due now

**Outstanding Balance**  
**Balance Due Now**

### 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 Dr. Elizabeth Carney/Dr. Mary Riordan/Dr. Scott Rhoads, staff and agents complete authority to euthanize the animal described above. I release Dr. Elizabeth Carney/Dr. Mary Riordan/Dr. Scott Rhoads, 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:**