



SMALL ANIMAL EUTHANASIA AUTHORIZATION

Date _____

Owner's Name _____

Primary Phone _____ Email _____

New Client Address _____

Pet's Name _____ Age _____ Sex _____

Species _____ Breed _____ Color _____ Weight _____

I, the undersigned, certify that I am the owner (or authorized agent for the owner) of the pet described above, and I authorize Dr. _____, his/ her employees, and representatives, full and complete authority to euthanize the above pet. I forever release the said Doctor, employees, and representatives from any and all liability for the euthanization of my pet.

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

Owner/Agent _____ Date _____

Aftercare with Peaceful Paws:

- Group Cremation (ashes scattered over the ocean)
 - Paw print
 - No paw print
- Private Cremation (ashes returned in cedar urn with ceramic paw print)
 - Additional paw print
- Other _____