## AUTHORIZATION TO PERFORM EUTHANASIA

CLIENT:		
PATIENT:		
Date:		
of the animal described above nam	ned	r or duly authorized agent for the owner
I hereby authorize euthanasia for t To the best of my knowledge, this a (10) days and has not been exposed I understand that euthanasia will b	animal has not bitten any pers d to rabies.	son or animal within the previous ten
I understand that an IV catheter wi I am comfortable with my pet bein less stressful.	·	dy in place. in order to help make the procedure
		Owners' Initials
 Authorized Signature		 Date

## **AUTHORIZATION FOR AFTERCARE** ☐ Take Body Home for Burial ☐ I am interested in learning about donating my pet's body to science and helping my local veterinary community \*For acceptable donations, communal cremation is free and private cremations are available at 50% off\* ☐ Communal Cremation (I have been made aware this is a general cremation and remains will not be returned to me.) ☐ Private Cremation (I have been made aware it will take approx. 10-14 days for the remains to be returned. A staff member will call me when they have been returned) Urn Choice: \_\_ \*Please note that all prices of urns are in addition to the private cremation fee\* Patient Nameplate: \_\_\_\_\_ Authorized Signature Staff Signature **CLAW PAWPRINT IMPRESSIONS Impression Lettering** Name to appear on impression: \_\_\_\_\_ (Circle one) Black White Additional words/dates: (If space allows): \_\_\_\_\_\_ **Impression Features** Hole for hanging: YES NO Keep Pet nail marks: YES NO **Color Options:** ☐ Style A Imprint Color: Natural Clay White Background Color: \_\_\_\_\_ ☐ Style B Imprint Color: \_\_\_\_\_ Background Color: \_\_\_\_\_ ☐ Style C Imprint Color: \_\_\_\_\_ Yin Color: \_\_\_\_\_ Yang Color: \_\_\_\_ I have been made aware it will take approximately 6-8 weeks for pawprint to be returned. A staff member will contact me when it returns

Staff Member Signature

**Authorized Signature**