

DR 4 PETS Euthanasia and Disposition Consent Form

I certify that I am the owner or authorized agent of the owner, for the animal named below. In being the owner/agent for this animal, I do hereby give **DR 4 PETS** full and complete authority to perform euthanasia (humane termination of life) services.

Pet Information

Pet's Name _____
Breed _____
Color _____
Age _____
Sex _____
Spayed/neutered _____
Approximate body weight _____

Owner/Agent

Print name: _____
Street address: _____
City: _____ Zip Code: _____
Phone number: _____
Email address: _____
Referred by: _____

Aftercare

I request that the bodily remains be handled in the following manner:

_____ communal care
_____ individual cremation Choose one: _____ remains returned to:
_____ traditional cremation _____
_____ Aquamation
_____ owner to retain pet for burial (regulations have been discussed _____)
_____ owner to transport remains for cremation

To the best of my knowledge, the information I have provided on this form is true. I do also certify that this animal has not bitten, seriously scratched, or exposed anyone to rabies within the past 10 days. I understand that my wishes will be immediately carried out upon signing this agreement. Fees for these services have been explained to me and will be collected at time of service.

Owner/Agent signature: _____
Date: _____

Optional

Will you share a touching photo or short video (less 30 seconds or less) of _____
in our Pet Memorial (on Dr-4-Pets.com)?

Yes _____ No _____