

Pets Eternal Rest

A LIFE FOREVER CHERISHED
AND NEVER FORGOTTEN™

Authorization to Perform Euthanasia

Client name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Pet Information: _____

Pet name: _____

Cat: _____

Dog: _____

Breed: _____

Pet Sex Male or Female: _____

Pet DOB: _____

Pet Age: _____

Special Final Care Instructions (Please check one)

Private Individual Cremation with return of ashes _____

Group/Communal Cremation _____ (Ashes not returnable)

Family to Provide After Care _____

I hereby request and authorize euthanasia for the above reference patient: _____

I am fully authorized to approve this procedure.

This animal has not bitten any person or animal within the previous fifteen (15) days.

I understand that euthanasia will be performed in a humane and caring manner.

Signature _____ Date _____