

# *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.