



Patient Label

Euthanasia/Cremation Authorization Form

I certify that I am the owner or the authorized agent for the owner of the pet described above and give Touhy Animal Hospital, the doctors and staff full and complete authority to euthanize my pet. I understand that euthanasia is the act ending the life of an animal in a painless and humane way.

<input type="checkbox"/>	<p>I choose the Private Cremation: I understand that my beloved pet will have a private cremation performed at our crematory without family and friends present.</p> <p style="margin-left: 20px;"> <input type="checkbox"/> I choose The Decorative Metal Urn- Blue <input type="checkbox"/> I choose The Scattering Tube <input type="checkbox"/> I choose The Cedar Memorial Urn <input type="checkbox"/> I choose The Hand Carved Rosewood Urn </p> <p><i>You will be notified in 7-14 days by Touhy Animal Hospital when the ashes have been returned from the crematorium for pick up in an urn.</i></p>
<input type="checkbox"/>	<p>I choose Group Cremation: I understand that my beloved pet will be cremated along with other pets and ashes will not be returned.</p>
<input type="checkbox"/>	<p>I choose Private Cremation with Viewing: I understand that my beloved pet will have a private cremation performed at our crematory with family and friends present. I understand I will have to contact the crematory to schedule a time for the family to come to a private viewing of the cremation.</p>
<input type="checkbox"/>	<p>ADD on Items:</p> <p style="margin-left: 20px;"> <input type="checkbox"/> I would like total ____ (quantity) clay paw print keepsake(s) for \$40 <input type="checkbox"/> I would like total ____ (quantity) Ink Paw Print keepsake(s) for \$23 <input type="checkbox"/> I would like total ____ (quantity) Ink Nose Print keepsake(s) for \$18 <input type="checkbox"/> I would like total ____ (quantity) Fur Clipping Card keepsake(s) for \$18 <input type="checkbox"/> I would like total ____ (quantity) Silver pendant Design #_____ keepsake(s) for \$35 </p>

Authorization

To the best of my knowledge, the information I have provided on this form is true. I do also certify that my animal has not bitten, seriously scratched or exposed anyone to or has been exposed 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 the time of service.

Owner/Agent Signature

Date

Office use only:

Euthanasia Performed By		Time:		Date:	
Drug Used/Amount/Route of Admin		Logged:		Date:	