

HOUSEPAWS EUTHANASIA RELEASE FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Pet's Name \_\_\_\_\_ **M / F** Feline/ Canine

Age \_\_\_\_\_ Wt \_\_\_\_\_ (lbs)

\_\_\_\_\_ *I would like my regular veterinarian to be notified of my pet's passing*  
*contact information* \_\_\_\_\_

*I certify that I am the owner or authorized agent of the owner, for the above named animal. In being the owner/agent, I do hereby give HousePaws In-Home Veterinary Care full and complete authority to perform euthanasia services. I have understand the associated charges listed below and have initialed my choice for aftercare. I understand any changes from what is signed for below will need to be made directly through **Fond Memories** (crematorium) and may incur additional expense.*

\_\_\_\_\_ Euthanasia only and I choose to retain my pet for burial ; fee \$325

\_\_\_\_\_ Euthanasia and I choose to have a communal cremation performed at **Fond Memories**. Housepaws will provide transportation to the crematorium and I will not have my pet's ashes returned. A clay pawprint of my pet will be made and mailed to my home by **Fond Memories**. ; fee \$450

\_\_\_\_\_ Euthanasia and I choose to have a private cremation. Housepaws will provide transportation of my pet to **Fond Memories** for private cremation, will arrange return of my pet's ashes directly to my home. This service includes an engraved wooden urn and a clay pawprint. ; fee \$600

*To the best of my knowledge, the information I have provided on this form is true and correct. I certify that the pet listed above has not bitten, seriously scratched, or exposed anyone to rabies in the past 10 days. I understand that my wishes will be immediately carried out upon signing this agreement. All fees have been explained to me and will be collected at the time of service.*

Owner/Agent Signature \_\_\_\_\_

Name ( please print ) \_\_\_\_\_ Date \_\_\_\_\_

Veterinarian \_\_\_\_\_

