



10909 Indian Head Highway ■Fort Washington, MD 20744
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PERMIT FOR EUTHANASIA - Date: _____

CLIENT INFORMATION

Owner's Name: _____	Patient's Name: _____
Address : _____	Breed: _____
_____	Weight: _____
Phone: _____	Sex: _____
Cell Phone: _____	Age: _____
Work Phone: _____	Color: _____
Email: _____	Microhip No: _____

This is to certify that I, the undersigned, am the legal possessor or acting on the authority of the legal possessor do present the animal described above for euthanasia. I am fully aware that euthanasia is irrevocable and do agree that because <serv-doctorname> is acting at my request, the veterinarian and the hospital in which euthanasia occurred shall not now nor in the future be held responsible for this act.

- I want to be present for the procedure
- I do not want to be present for the procedure

I do also certify that my pet has not bitten any person or animal during the last fifteen (15) days, and to the best of my knowledge has not been exposed to rabies.

Body Care Options (must select one):

- Routine cremation, no ashes returned. Price quoted: \$_____
- Private cremation, ashes returned in Cedar box. (Approx. 10 day return) Price quoted: \$_____
 - I would like a specialty urn instead of a Cedar box. Prices vary please ask for show book.
- Euthanasia only (no body care provided). \$_____
 - I would like a strong built cardboard casket \$_____

Other Options:

- Keepsake pendant – A portion of the ashes is placed in a pendant (**available with private cremations**)
Please ask to view show book. \$_____
- Photo Etched Memorials in Black Granite - Owner must provide picture. Please ask for show book.
\$_____

Print name: _____ Date: _____

Signed: _____

(Must be over 18 years to sign)

Witnessed: _____ Date: _____