

Huzella Veterinary Services
Phone: 240-626-8838
HuzellaVeterinaryServices@gmail.com

Pet Information (Please Print Clearly)

Pet's Name		Date:		
Breed	Color	Sex	Age	Wt.
Owner's Name		Email		
Owner's Address				
City	State	Zip	Phone	

Authorization for Disposition of Animal Remains

I hereby certify that I am the owner or authorized agent for the owner of the animal described above and that I am 18 years of age or older. I hereby authorize the following method of disposition (check one):

PRIVATE CREMATION at Agape Pet Services: My pet is the only pet in the cremation chamber and the ashes are returned to me (**shipping/delivery fee may apply**) in a standard urn with a certificate.

Urn _____ No Urn Engraving (pet name is automatic)

(3 lines, 35 per line)

COMMUNAL CREMATION at Agape Pet Services: Your beloved pet is cremated in a group setting with other pets. This option maintains a high level of dignity. Pet cremains are not returned to the pet parent as we provide interment on our grounds at the discretion of Agape Pet Services.

PERSONAL DISPOSITION: I wish to keep my at pet home for other arrangements.

Form completed by veterinarian upon oral consent of owner. Witness to owner's oral consent is:

Owner unavailable; form completed by veterinarian. Documentation of attempts to contact pet owner are retained in the file.

In-Home Euthanasia Fee: _____ **Cremation Fee:** _____

Premium Service Options (Only available with private or communal cremation - shipping fee may apply)

Clay Paw Print \$65 Clay Nose Print \$65

Name on Paw Print _____ (13 max)

Ink Paw Print Check if yes \$36-\$47 Ink Nose Print Check if yes \$36-\$47 **Delivery \$25-\$40**

Additional Requests _____

Euthanasia Permission Record

I, the undersigned, do hereby certify that I am the owner or the duly authorized agent of the pet described above, that I am 18 years of age or older, and that I do hereby give Doctor _____, his or her agents, servants and representatives full authority to humanely euthanize said pet; and release the veterinary facility and its employees from any and all liability for so euthanizing said pet. I do also certify that to the best of my knowledge said pet has not bitten any person or animal during the last (15) days and has not been exposed to rabies. **Any bedding or items submitted with pet will not be returned.**

Date _____ Signature _____