

# COMPASSIONATE CROSSINGS, LLC

## CLIENT INTAKE FORM

Please complete the following information and submit via email to [CompassionateCrossingsBham@gmail.com](mailto:CompassionateCrossingsBham@gmail.com) or have prior to services being rendered. If unable to complete the following information prior to visit, Dr. Floyd will also have these forms available for you to complete. Completion of this form is required PRIOR to appointment beginning.

CLIENT INFO			
First Name		Last Name	
Street Address			
City			
State	ALABAMA	Zip Code	
Preferred Contact #			
Email			

PATIENT INFO		
Name		
Sex (circle)	MALE	FEMALE
Color		
Age		
Approximate weight (in lbs.)		
Primary Veterinarian/ Veterinary Clinic		
Contact Information for Primary Veterinarian		
Brief summary discussing why pet is a candidate for euthanasia today:		

## EUTHANASIA CONSENT

QUESTIONS REGARDING ANY OF THE REQUIRED STATEMENTS BELOW CAN BE ADDRESSED BY THE ATTENDING DOCTOR.

**I, the undersigned, certify that I am the owner (or an authorized agent for the owner) of the animal described above and I consent to, and order euthanasia to be performed on said animal.**

I have read and understand  
(circle most appropriate answer)

**Agree**

**Disagree**

**I do hereby give the doctors of Compassionate Crossings of Birmingham, LLC, their staff, and representatives full and complete authority to euthanize and handle the aftercare of said animal. Furthermore, I forever release the said doctors of Compassionate Crossings of Birmingham, LLC, their staff, and representatives from all liability for euthanizing and aftercare of said animal.**

I have read and understand  
(circle most appropriate answer)

**Agree**

**Disagree**

**To the best of my knowledge, said animal has not bitten any person or animal during the last ten (10) days and has not been exposed to rabies.**

I have read and understand  
(circle most appropriate answer)

**Agree**

**Disagree**

**I understand that I assume all financial responsibility for all services rendered. Due to the nature of the services and products offered, all sales are final.**

I have read and understand  
(circle most appropriate answer)

**Agree**

**Disagree**

Signature of owner

Date

## AFTERCARE

Please indicate using a "X" in the space provided your preferred method(s) of aftercare from the options below:

Please leave the remains here with me for burial. I am familiar with pertinent city/county/neighborhood regulations regarding burial			
Communal Cremation (ashes not returned)			
Compassionate Crossings Remembrance Package with Clay Paw Print (select urn choice below)			
Blue Scatter Tube Urn		Integrity Earth Biodegradable Urn	
Bamboo Box Urn		Cedar Box Urn	
Carved Rosewood Urn		Cherrywood Latch Urn	
Metal Urn - Blue		Metal Urn - Tan	
Serenity Photo Frame Urn		Specify from catalog (additional cost)	
Extra Clay Paw Print			
3D Clay Paw Print			
3D Clay Nose Print			
PawPals paw print (small)			
PawPals paw print (large)			
Lock of fur			
Ink Paw Print			
Paw Print Pendant/Keychain with Ashes			
Desktop Frame with Photo & Mounted Clay Pawprint			
Framed Ink Pawprint with Brass Nameplate			
Use Spaces Below to Clearly Indicate the Engraving to be Used on Nameplate: ***Note: Applies only to wooden urns OR photo frames***			
Brass Nameplate		Aluminum Nameplate	

## FOR OFFICE USE ONLY

Total Payment Due				
Method of Payment	Cash	Check	Debit/ Credit Card	Other
Specify if Payment Above "Other"				
Applicable account #				
Mileage				
Gateway ID				
SCSR				