



**P.O. Box 5005
Colorado Springs, CO 80931
(719) 205-6003**

Date: _____ Phone: _____

Client Name: _____

Address: _____

Pet Name: _____ Species: _____ Breed: _____

Color: _____ Sex: (M) (F) Altered: (Y) (N) Age: _____ Weight: _____

Regular DVM: _____

How would you like your pet's body cared for?

[Owner Keeping pet to perform proper disposal]

[Communal Cremation / No Ashes Saved]

[Individual Partitioned Cremation / Ashes Saved] Please choose urn

Tins: Paw Print Meadow Rainbow **Wood:** **Scatter Tube:**

Clay Paw Print (Y) (N) Fur Clipping (Y) (N) Ink Print (Y) (N)

I certify that I am the [legal owner / duly authorized agent for the owner] of the animal described above and do hereby give assigned veterinarian and technician/assistant of Peaceful Partings and any authorized agents, staff, or representatives full and complete authority to euthanize and dispose via cremation services of Peaceful Memorials Pet Crematory, of said animal in a humane manner. If cremation is agreed upon, disposition of the body by Peaceful Memorials Pet Crematory of said animal is left to the judgment of the veterinarian. I hereby forever release assigned veterinarian and technician/assistant of Peaceful Partings and any authorized agents, staff, or representatives from any and all liability for euthanasia and disposal of said animal. Cautions should be taken by owner when disposing of animals euthanized with drugs/chemicals.

To the best of my knowledge, the said pet described above has not bitten, scratched, or otherwise potentially exposed any person or other animal to rabies in the past ten (10) days. Other Species: To the best of my knowledge, the animal described above has not bitten, scratched, or otherwise potentially exposed any person or other animal to rabies in the past thirty (30) days.

I understand that if the animal described above has bitten or otherwise potentially exposed any person within the time specified, a rabies test must be performed.

Initials _____ Date _____

If the animal described above is insured under a mortality insurance policy or any other type of insurance policy, the owner/agent hereby agrees that it is his/her responsibility, and not the veterinarian's, to notify the insurance company as required by the terms of any applicable insurance policy.

I have read and understand this authorization. To the best of my knowledge, the information I have provided is true. I understand that my wishes may be carried out immediately upon my signing this agreement. Fees for these services have been explained to me.

Owner/Agent's (circle one) Signature: _____

Print Name: _____ Date: _____

I owner/agent of said pet above do understand the fees associated with euthanasia services and cremations services that I have requested for my pet. I owner/agent do understand and authorize staff or agent of Peaceful Partings to charge the \$50.00 deposit which is required to reserve my stated appointment with Peaceful Partings, and I do understand that said \$50.00 fee is non-refundable if I decide to change or cancel the appointment for any reason. **If a cancelation with in 1 hour of my appointment, the cancelation fee is \$100.00.**

Date and Time Requested for appointment: _____

Credit card: _____ Expiration Date: _____

Billing Address: _____

How did you hear about Peaceful Partings? _____

If you are having your pet individually cremated, PMPC will issue a certificate of cremation. How would you like your pet's name displayed on cremation certificate?

How would you like you or your family's name displayed on cremation certificate?

Will you be picking up your pet's ashes at Peaceful Memorials Pet Crematory? (Y) (N)