

Owner Information

Owner's Name(s)			
Address	City	Zip	
Primary Phone Number	Alternate Phone Num	ber	
Email address			
Please list other family members, in	cluding children, who love this pet		
	Pet Information		
Pet's Name	□Dog □Cat	□Dog □Cat □Other	
Breed	□Male □Female Spayed/	Neutered □yes □no	
Birth date or estimated age	Color	Weight (approx.)	
What problems/medical condition(s) does your pet have?		
	Request for Euthanasia		
	is pet, or the owner's authorized a nanely perform euthanasia service end of life.	-	
Signature		Date	
•	en any person or animal during the and that if my pet has bitten anyo	•	
Signature		 Date	



Request for Aftercare

I request that my pet's body have (check one):

	quest mut my per a body mate (enest one).
	Private Cremation with the ashes returned in a cedar wood urn. My pet's name will be
	engraved on a brass finish plate.
	Pet's Name as I wish it to appear on the urn:
	(Optional) Dates/Years of Life on the urn:
	Please select: ☐ Return ashes to my home by overnight mail (in 1-2 weeks) — or —
	☐ I will pick up ashes at Pets at Peace Pet Crematory in San Ramon
	Communal Cremation with the ashes respectfully scattered
	Left in my care. I assume all responsibility for the lawful care of my pet's body. I
	understand that drugs used for euthanasia are toxic to wildlife and domestic animals,
	including birds. Signature
Add	ditional Options:
	I would like number of clay paw prints (\$60 ea). Name on paw print(s):
	I would like a lock/clipping of hair
	uld you like your veterinarian to receive a memorial card? This will let them know that ir pet has passed and help ensure that you do not receive visit reminders.
Nan	ne of Veterinarian Name & address of Hospital (use space below)

How did you learn about Peace for Pets?