



*Peace for Pets Home Euthanasia*

**Owner Information**

Owner's Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Please list other family members, including children, who love this pet \_\_\_\_\_

\_\_\_\_\_

**Pet Information**

Pet's Name \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

Breed \_\_\_\_\_  Male  Female Spayed/Neutered  yes  no

Birth date or estimated age \_\_\_\_\_ Color \_\_\_\_\_ Weight (approx.) \_\_\_\_\_

What problem(s)/medical condition(s) does your pet have?

**Request for Euthanasia**

I certify that I am the owner of this pet, or the owner's authorized agent. I authorize Dr. Ivey to humanely perform euthanasia (end life) for this pet.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I certify that this pet has not bitten any person within the last 10 days and has not been exposed to rabies. If my pet has bitten anyone, a rabies test may be required by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**Request for Body Care**

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

- Privately Cremated** 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 (the ashes will be ready within 2 weeks and will then be sent by overnight mail)

– or –  I will pick up ashes at Pets at Peace Pet Crematory in San Ramon

- Communally Cremated** 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 \_\_\_\_\_

**Additional Options**

- I would like a lock/clipping of hair

Paw Prints (available for cremated pets only)

- I would like \_\_\_\_ number of clay paw prints (\$20 ea)
- I would like \_\_\_\_ number of ink paw prints (\$10 ea)

**Would you like your regular veterinarian(s) to receive a memorial card?** This will let them know that your pet has passed and help ensure that you do not receive visit reminders.

Name of Veterinarian    Name & address of Hospital    (use space below)

**How did you learn about Peace for Pets?**