

Chosen Valley Veterinary Clinic

EUTHANASIA RECORD

Date _____

Owner's Name _____

Street _____ City _____ State _____ Zip _____

Phone _____

Pet Name _____ Sex _____ Age _____ Weight _____

Description of Animal Breed _____

Color and Markings _____

_____ GROUP CREMATION (NO ASHES BACK)
0-34 pounds: \$45 35-74 pounds: \$50 75-125 pounds: \$60 125+ pounds: \$77

_____ PRIVATE CREMATION (ASHES RETURNED TO OWNER)
0-34 pounds: \$95 35-74 pounds: \$105 75-125 pounds: \$115 125+ pounds: \$125

IF PRIVATE: _____ WOOD BOX URN (\$15) OR _____ DECORATIVE TIN URN (included)

_____ CLAY PAW PRINT (\$25)

_____ HOME BURIAL (NO CREMATION SERVICES NEEDED)

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give Doctors H.J. Peeters, B.J. Niemeyer, J.H. Hanson, their agents, employees and representatives full and complete authority to euthanize the said animal in whatever manner the said Doctors H.J. Peeters, B.J. Niemeyer, J.H. Hanson, their agents, employees, and representatives shall deem fit, and I do hereby and by these presents forever release the said Doctors H.J. Peeters, B.J. Niemeyer, J.H. Hanson, their agents, employees, or representatives from any and all liability for so euthanizing the said animal.

I do also certify that the said animal has not bitten any person during the last ten (10) days and to the best of my knowledge has not been exposed to Rabies.

Signed _____