

Euthanasia Record

Owner: _____ Pet Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone #: _____

Breed: _____ Sex: _____ Age: _____ Color: _____

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above. I give the doctors and staff of Fort Wayne Pet Hospital the complete authority to euthanize the above animal and forever release the doctors and staff of Fort Wayne Pet Hospital from all liability for euthanizing the said animal.

To the best of my knowledge and belief, this animal has not bitten any person during the previous 15 days and has not been exposed to rabies.

This animal should be :

- Returned to owner for burial Cremated
- Cremated with ashes returned to the Owner

Signature: _____ Date: _____



CREMATION - Authorization Form

Individual Group

Date: _____	Pet Name: _____		
Animal Type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Exotic	Weight: _____	Chart Number: _____	
Pet Owner: _____ <small style="display: flex; justify-content: space-between;">Last NameFirst Name</small>		Fur Clipping: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Included in Individual Cremation. Cost \$18 for Group Cremation</small>	
Dignity Urn Selection: <input type="checkbox"/> Cedar Memorial Urn* <input type="checkbox"/> Hand - Carved Rosewood Urn* <input type="checkbox"/> Decorative Metal Urn - Blue/Tan* <input type="checkbox"/> Remembrance Urn* <input type="checkbox"/> Blue Scattering Tube <input type="checkbox"/> Blue Scattering Bag <input type="checkbox"/> Serenity Urn* <input type="checkbox"/> Other Urn: _____ <small>* Name Personalization is included</small>		Urn Engraving: _____ _____ 3rd Line Engraving: _____ <small>2 line of engraving is included with 20 characters a line.</small>	

Memorial Product Selection: Paw Print Yes No
Name Personalization is included

Authorization to Cremate:

RELEASE & WAIVER: I authorize the attending clinic to handle the pet remains in accordance with my instructions and federal laws, and thereby release and forever discharge the attending clinic and Trusted Journey, together with their respective successors, officers, shareholders, directors, affiliates, agents, employees, and assigns from any and all claims, actions, damages, and demands of whatever kind of nature, known or unknown, which I have, had or may hereafter have arising from or related to the performances of the Disposition options as described herein. Trusted Journey will provide a partitioned cremation according to our code of ethics and operational guidelines, and cannot be responsible for, nor shall be asked to, return non-biological remains.

Owner's Signature: _____ Date: _____