



Delivery Date

# Euthanasia Authorization

Client Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Additional Contact: \_\_\_\_\_  
 Regular Veterinarian/Hospital: \_\_\_\_\_

Companion Name: \_\_\_\_\_  
 K9  Feline  Male  Female   
 Breed: \_\_\_\_\_  
 Birthdate/Age: \_\_\_\_\_  
 Weight: \_\_\_\_\_

Date: \_\_\_\_\_

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above; that I do hereby give the doctors and staff of Final Journey, LLC full and complete authority for euthanasia and cremation; and I do hereby and forever release Final Journey, LLC from any liability for this act. I do also certify that this animal has not bitten any person or animal during the past fifteen (15) days and to the best of my knowledge has not been exposed to rabies.

If said animal has bitten a person or animal within fifteen (15) days, I understand that said animal must be sent out for rabies testing according to Connecticut state law. I agree to pay all costs incurred by this testing and transport.

X \_\_\_\_\_

# Cremation Authorization

**Option A:** I wish to take possession of my companion's body.

X \_\_\_\_\_

**Option B:** I wish to have my companion's ashes scattered at The Garden of Memories and **NOT** returned to me.

X \_\_\_\_\_

**Option C:** I wish to have my companion cremated privately and their ashes **WILL** be returned to me.

X \_\_\_\_\_

### FOR OFFICE USE ONLY

Payment: Total\$: \_\_\_\_\_ Cash  CC  CK  CK# \_\_\_\_\_

Dr. Initials: \_\_\_\_\_  
 Tech Initials: \_\_\_\_\_  
 D.R.

Cedar Memorial  Clay Paw Print

Trail to Heaven Series  Heart Keepsake

Serenity Series

Special Req Urn: \_\_\_\_\_

Urn Color: \_\_\_\_\_

Engraving/Etching: \_\_\_\_\_

Misc/Special Requests: \_\_\_\_\_

**Notes:**