

Euthanasia Authorization

Client Name: _____ Companion Name: _____
Address: _____ K9 Feline Male Female
City/State/Zip: _____ Breed: _____
Phone: _____ Birthdate/Age: _____
Email Address: _____ Weight: _____
Call prior to appointment arrival: Please Not Necessary Regular Veterinarian/Hospital: _____

Date: _____

I, the undersigned, do hereby certify that I am the pet guardian (or duly authorized agent for the pet guardian) of the companion 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 companion has not bitten any person or animal during the past eleven (11) days and to the best of my knowledge has not been exposed to rabies.

If said companion has bitten a person or animal within eleven(11) days, I understand that said companion 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.

I understand that Final Journey LLC, it's Doctors and Team Members are forever released from any liability upon completion of Euthanasia Services.

X _____

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

Terms of Revisions: I, the undersigned, do certify that I am the pet guardian(or duly authorized agent for the pet guardian) and understand that Final Journey LLC, its Doctors and Team Members accept my companion's body and have arranged for loving transportation. If the I should choose to make modifications to the cremation authorization signed today; adding/deleting of services or memorabilia, Final Journey, LLC and its staff will do their best to make those requests possible. I am fully aware that all requests for changes/upgrades are NOT guaranteed and Final Journey, LLC will not be liable for revisions made after my appointment that are unable to be satisfied. Authorized and approved requests must be paid for at time of approval by Final Journey, LLC staff. Your signature is agreement to Communal Cremation and these Terms of Revisions.

X _____

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

Terms of Revisions: I, the undersigned, do certify that I am the pet guardian (or duly authorized agent for the pet guardian) and understand that Final Journey LLC, its Doctors and Team Members accept my companion's body and have arranged for loving transportation. If the I should choose to make modifications to the cremation authorization signed today; adding/deleting of services or memorabilia, Final Journey, LLC and its staff will do their best to make those requests possible. I am fully aware that all requests for changes/upgrades are NOT guaranteed and Final Journey, LLC will not be liable for revisions made after my appointment that are unable to be satisfied. Authorized and approved requests must be paid for at time of approval by Final Journey, LLC staff. Your signature is agreement to Private Cremation and these Terms of Revisions.

X _____