Pets at Peace
HOME HOSPICE AND EUTHANASIA

Your name(s):_____

Address: _____

City: _____ State_____ Zip Code _____

Phone Number: _____ Email Address: _____

Pet's Name: _____ Dog ☐ Cat ☐ Other ☐ _____

Pet's Breed: _____ Male ☐ Female ☐ Spay/Neuter? ☐Yes ☐ No

Pet's Weight: _____ Age: _____ Color(s):_____ Condition: _____

Aftercare Request

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

☐ Left with me. I assume full responsibility for the disposition of the body whether by burial or cremation. I understand that burial may be prohibited in my area by law, ordinances and subdivision restrictions.

☐ Communal Cremation –Ashes **Will NOT** be returned to me.

☐ Private Cremation – Ashes and one paw print **WILL BE** returned to me.

Euthanasia Request/Release

By my signature below, I certify that I am the legal owner, or authorized agent of the owner, of the pet described above, and that I am 18 years of age or older. I authorize Dr. Lide Doffermyre or Dr. Christine Carmine to humanely euthanize this pet and understand that **loss of life** will result. I forever release and hold harmless Dr. Doffermyre, Dr. Carmine, Pets at Peace Home Hospice and Euthanasia and any authorized agents, staff, or representatives from any and all liability for euthanasia and/or disposal of my companion animal.

_____ _____

Signature Date

Rabies Status

To the best of my knowledge, I certify that this pet has not bitten any person or animal in the past 10 days and has not been exposed to Rabies. I understand that a rabies test must be done if either condition is present.

_____ _____

Signature Date

OVER ⇨

Dr. Lide Doffermyre Dr. Christine Carmine (910) 805-4500 Fax (866)512-593 DrD@PetsatPeace.vet www.PetsatPeace.vet

Pets at Peace
HOME HOSPICE AND EUTHANASIA
Mobile Veterinary Services

Pets at Peace will notify your regular veterinarian so that the medical records can be updated. This will prevent their office from sending reminder cards or marketing information to you. A Certificate of Euthanasia will be mailed directly to you that you may use as validation for animal control, taxes and pet insurance purposes.

Veterinarian's Name: _____

Clinic/Hospital Name: _____

Clinic/Hospital Phone #: _____

FOR OFFICE USE ONLY

Not _____ **Ref** _____

Fax _____ **Sur** _____

Inv _____ **Sym** _____

Cre _____ **Euc** _____

Loc _____ **Dis** _____

RX _____ **TOD** _____

RX _____ **PTN** _____

Doctor's Signature _____ **Date** _____

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