Still River Home Euthanasia for Pets, PLLC

EUTHANASIA AUTHORIZATION FORM

I, the undersigned, am the owner (or the duly authorized agent f	or the owner) of the pet described below (the "Pet"):
Pet's Name:	Species:	Breed:
Age: Gender:	Spayed/Neutere	Breed: d (Yes or No):
I hereby authorize Still River Hom	ne Euthanasia for Pets, PLLC ("Still River") to euthanize the Pet and to carry ows (<i>please initial the one that applies</i>):
(initial) rules, and regulations th	-	I am responsible for following all laws, rther understand that euthanized pets harbor a animals.
Arrange for group creation (initial)	mation with no return of as	hes.
Arrange for private cre	emation with return of asho	s.
`	•	formed Still River of my decision within ten o arrange for group cremation with no return
Please <i>initial</i> if you would like any	of these mementos. Cremator	ium will contact you for payment:
Clay paw print Clay no	ose print Ink paw pri	nt Ink nose print
Special Urn	Engraving	
C	n or scratched (which broke	the skin) a person or animal within the last pies virus.
OF ITS VETERINARIANS, TECREPRESENTATIVES, SUCCESS FROM OR RELATING TO THE REMAINS, AND/OR THE CAL	CHNICIANS, MEMBERS, I SORS, AND ASSIGNS FRO IE EUTHANASIA OF THE I RRYING OUT OF ANY REG	JTHANASIA FOR PETS, PLLC AND ALL EMPLOYEES, AGENTS, M ANY AND ALL LIABILITY ARISING PET, THE DISPOSITION OF THE PET'S QUIRED RABIES TESTING. THIS SY AND ALL CLAIMS TO THE EXTENT
Signature	Printed Name	 Date