

Abbey Animal Hospital

Caring. Helping. Healing.



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DR. SCOTT HOBSON
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DR. DIANA D'AMICO

CONSENT TO PERFORM EUTHANASIA

DATE: _____

For humane reasons, I hereby consent to, and order, Euthanasia to be performed on the animal described below. To the best of my knowledge and belief, this animal has not bitten any person or animal during the past fifteen (15) days, and has not been exposed to rabies.

OWNER: _____

ADDRESS: _____

TELEPHONE NUMBER: () _____

PATIENT: _____

SPECIES: _____

BREED: _____

SEX: _____

COLOUR: _____

AGE: _____

WEIGHT: _____

REMARKS: _____

All pets are cremated at Gateway Pet Memorial Services. For an additional charge, you may have your pet's ashes returned to you in an urn.

- I **DO NOT** WISH TO HAVE MY PET'S ASHES RETURNED
- I WOULD LIKE TO HAVE MY PET'S ASHES RETURNED TO ME. STANDARD URN CHOICES:
- CERAMIC URN (BLUE) CERAMIC URN (TAN) CEDAR URN

Abbey Animal Hospital will call you when your pet's urn is ready for pick up.

OPTIONS: *more options are available at an additional cost...*

SPECIAL URN (ITEM #): _____

DESCRIPTION : _____

LASER ETCHING

ENGRAVED SILVER PLATE WITH CHAIN LETTERING STYLE: _____

SPECIAL INSTRUCTIONS: _____

Payment is due at the time of your appointment. Please indicate which method of payment you will be using today.

VISA MASTERCARD INTERAC CASH

SIGNATURE OF OWNER (OR AUTHORIZED AGENT): _____

SIGNATURE OF VETERINARIAN: _____