

Abbey Animal Hospital

Caring. Helping. Healing.



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Request 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) (ceramic are limited time)
- _____ decorative metal (blue) _____ decorative metal (tan) _____ cedar urn

Pet name spelled as I would like on urn: _____ (please print in block lettering)

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 (some special orders will take longer).....

_____ Laser Etching _____ Engraved Plate with chain

Special urn (Item #): _____ Description: _____

Pawprints:

- Gateway Clay**
- Precious :** _____ colour (almond, pink, plum, shoreline, autumn, clear coat)
- Radiant Collection :** _____ colour (purple, green, red, blue, grey, orange, yellow, brown, black, pink, lt. green)
- Pure Collection (unglazed) :** _____ colour (stormy blue, pumpkin, sand, olive, denim)
- (Radiant and Pure Collection both includes a black faux leather box with the paw mounted inside-size dependant)

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: _____

Office Initials ()