

OUR PETS OUR FAMILY LLC

(414) 303-2504

vet@ourpetsourfamily.com

<http://ourpetsourfamily.com>

Name: _____

Address: _____

Phone: _____

Email _____

Pet's

Name: _____ Breed _____ Color _____

Age: _____ Male _____ Female _____ Wt _____

Primary Veterinary Clinic _____

Euthanasia: _____

Communal Cremation _____

Private Cremation _____

Burial _____ Pet Cemetery _____ Home _____

I am the owner /authorized agent, of the pet described above. To the best of my knowledge, my pet has not bitten any person or animal within the last 10 days nor has been exposed to rabies.

I give Dr Inniss permission to humanely euthanize my pet and release the veterinarian from all liability in performing this euthanasia

I give the veterinarian permission to remove the body from the premises and transport to:

(a) pet crematory for cremation.

(b) I release the veterinarian and crematorium from all liability in performing the cremation /burial service

© I will take care of the transport/ cremation/ burial myself _____

Owner/Agent _____

Veterinarian _____

M. Inniss DVM

Date: