

**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:**