



RIVERS RELEASE LLC

CLIENT INFORMATION AND EUTHANASIA CONSENT FORM

OWNER INFORMATION

Full Name: _____ Date: _____

Phone: _____ Email: _____

Address: _____

Mailing Address: _____ Yes _____ No (*If no, please provide*)

PET INFORMATION

Patient Name: _____ Breed: _____

Species: Canine or Feline

Color: _____ Age: _____ Weight: _____ Sex: _____

Regular Veterinary Clinic: _____

AFTERCARE ARRANGEMENTS

I certify that the aftercare of my animal's remains will be cared for in the following manner:

Radiant Heart **Private Cremation** - Ashes returned and available for pickup at Radiant Heart

Radiant Heart **Communal Cremation** - **NO Ashes** will be returned (Water cremation only)

At Home Burial (in compliance with all applicable regulations)



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CLIENT INFORMATION AND EUTHANASIA CONSENT FORM (**CONTINUED**)

I, the undersigned, certify that I am the legal owner or duly authorized agent for the owner of the animal described above on page 1 of this agreement. I also certify that I am 18 years of age or older and I am legally competent to sign this agreement. I give Rivers Release LLC and any authorized agents, staff or representatives complete authority to euthanize, dispose of, or arrange for cremation services in a humane manner.

To the best of my knowledge, the animal described above has not bitten, scratched, and/or potentially exposed any person or other animal to rabies in the past 10 days. I understand that if the animal described above has bitten or otherwise exposed any person within the specified time period, a rabies test must be performed.

I understand that euthanasia is the act of ending the life of an animal in a painless way to prevent unnecessary suffering. I understand that my wishes to euthanize the animal described above will be carried out immediately upon signing this agreement. Fees for these services have been explained to me and I assume responsibility for all charges incurred for services rendered. I certify all information provided is true and accurate and I have carefully read and understand the terms of this agreement.

I understand that Dr. Graffe reserves the right to perform a physical exam and/or exam consultation on my pet upon arrival at my home and may refuse to euthanize my pet based on his medical assessment. _____ Initials

Owner (Agent) Name Printed: _____

Owner (Agent) Signature: _____

Date Signed: _____

Date of Scheduled Appointment: _____

I certify that if I am signing as an authorized agent, that I have authority to execute this agreement.