

Adobe Animal Hospital

7712 E Indian School Rd, Scottsdale Az. 85251

Thomas J. Newland, D.V.M

Christine A. Farrar, D.V.M

Matthew C. Davis, D.V.M

Euthanasia / Cremation Record

Date: _____ Acct: _____

Owner: _____

Street: _____

City: _____

Phone: _____

Pet Name: _____ Sex: _____ Age: _____

Breed: _____ Color/Markings: _____

I the undersigned do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above; that hereby authorize the Doctors of Adobe Animal Hospital to euthanize and/or dispose of the above described animal. I certify that it has not bitten anyone in the last 10 days. _____

Please indicate you request below:

_____ I give permission for an autopsy to be performed

_____ Cremation (Ashes not saved)

_____ Individual cremation

_____ I will make my own arrangements

_____ Ink Paw-prints

_____ Clay Paw-prints*

_____ Memorial/ garden stone*

*If ordered with Individual cremation no charge for one of the options, additional charges apply if both ordered or if ordered without Individual cremation (\$33.00).

Signature _____