



**Authorization to Perform Compassionate Euthanasia**

My signature certifies that I am the owner (or authorized agent) of this pet. This pet has not been exposed to rabies and has not bitten any person or animal in the last 10 days. I give this veterinarian permission to compassionately euthanize my pet and release the veterinarian from all liability in performing this euthanasia.

If not handling the remains myself, I do hereby convey the body to this veterinarian for gentle pet aquamation. I authorize group or private aquamation to be performed and release the veterinarian and aquamation center from all liability in performing the aquamation service.

Pets Name: \_\_\_\_\_

Owner/Agent: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Date: \_\_\_\_\_

**Thank you for choosing Gentle Pet Crossing**

Gentle Pet Crossing 409 S. Dixie Hwy. Unit 2, FL 33460 (561) 323-4542

[Gentlepetcrossing.com](http://Gentlepetcrossing.com)