



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 servicing the Treasure Coast to Miami-Dade

Gentlepetcrossing.com