



Authorization for Euthanasia/Cremation

Owner (first/last): _____ Patient : _____ Weight: _____

Species/Breed: _____ Color: _____ Sex: _____

On this date, I do hereby give the doctors of Mass-RI Veterinary E.R. complete authority to perform euthanasia on my pet. I, the undersigned, certify that I am the owner (or authorized agent for the owner) of the above described pet. I also certify that the animal has not bitten or scratched a person or animal in the past 10 days, and to the best of my knowledge has not been exposed to rabies. _____ (initial here)

Would you like a *complimentary pawprint*? _____ YES _____ NO

I request the following (check box):

- I would like my pet's remains to be **held** at Mass-RI Veterinary E.R. while I make other arrangements. I understand that if no arrangements have been made within 5 days of this date, my pet's remains will be sent to Final Gift for a group/country cremation.
- I will take my pet for burial. I would like a biodegradable burial box
- I request that my pet's remains be taken to Final Gift for a **group cremation**. I understand that my pet will be cremated with other animals and I will not receive the ashes back.
- I request that my pet's remains be taken to Final Gift for a **private cremation**. I understand that my pets ashes will be shipped via UPS, for an additional cost, to the address I list below unless otherwise specified. Mass-RI Veterinary ER is not responsible for any lost or damaged items that may be shipped.

Urn Choice (no additional charge):

- Cedar Memorial Urn Trail to Heaven Serenity Series

Please list address where ashes are to be shipped (Please print clearly):

Email: _____

Add Ons (add'l cost apply):

- Brass Engraving
- Urn Etching & Style Code: _____
(Up to 3 Lines 20 Characters Per Line) – Please Print Clearly
- Picture Frame
- Other urn or accessory
(charges will apply)

- I request **private cremation** but **DO NOT** want my pets ashes shipped to my home address, and instead prefer to pick them up at Mass-RI Veterinary ER

Signature: _____

Date: _____

For Hospital Use: Tech initials _____

Pawprint made by: _____