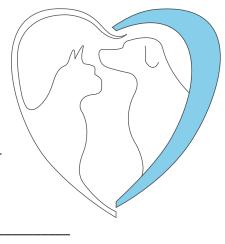
Passage From Home To Heaven

3042 Mayberry Rd.

Westminster, MD 21158

443-789-4112 • passagefromhometoheaven@gmail.com



Client Information:	Patient Information:	
Owner Name:	Pet Name:	
Address:	Pet Breed:	
Phone:	Pet Age:	
	Pet Weight:	
	Euthanasia Consent	
I, the undersigned, am at least 18 years old, a described herein.	nd I am the owner/duly authorized agent for the owner of the animal	
I hereby consent to and order euthanasia (ho hospital, and all agents from any and all liabi	mane death) to be performed on this animal forever releasing said docto ity for performing said euthanasia.	or,
area. I authorize the attending veterinarian t	nd humane after-death care, complying with all legal requirements of the now dispose of the remains in accordance with hospital policy, releasin all liability for performing after-death care, with the following stipulation	g
Return remains for personal disposition		
Individual cremation		
Communal cremation		
Extras:		
Paw Print		
I verify that said pet has not bitten any per knowledge has not been exposed to rabies	son or animal during the last fourteen (14) days and to the best of my . Owner Initials:	,

Owner Signature: ______ Date: _____