



AUTHORIZATION FOR EUTHANASIA/CREMATION

Owner's Name: _____

Pet's Name: _____

AUTHORIZATION: This Authorization Form is required to be completed and signed prior to the euthanasia and/or final disposition of your pet. Euthanasia and Cremation are IRREVERSIBLE AND FINAL PROCESSES.

I certify I am the legal owner or authorized agent for the owner of the pet described above and give Paws into Grace and any authorized agents, staff or representatives full and complete authority to euthanize and/or provide cremation services for my pet. I forever release and hold harmless Paws into Grace and any authorized agents, staff or representatives from any and all liability for euthanasia and aftercare.

If I do not choose aftercare with Paws into Grace, I will handle and take full responsibility for all the aftercare arrangements myself. I am aware of laws and regulations regarding the burial/disposition of my pet and understand caution should be taken when handling a pet euthanized with drugs/chemicals.

To the best of my knowledge my pet has not bitten, scratched and/or potentially exposed any person or other animal to rabies in the past 10 days. I understand that if the animal described above has bitten or otherwise potentially exposed any person within the time specified, a rabies test may be performed.

I understand that euthanasia is the act of ending the life of an animal in a painless way to prevent unnecessary suffering.

CANCELLATION POLICY: Paws into Grace must be notified no later than 2 hours before your appointment to avoid a cancellation/rescheduling fee up to the full house call appointment price.

RELEASE AND CERTIFICATION: I/We agree to release and indemnify Paws into Grace, the Veterinarian, and their owners, members, officers, directors, agents, and employees, from any claim, liability, cost, or expense resulting from their reliance on services or other performance consistent with the directions, declarations, representations, authorizations, and agreements herein. I/We agree that the liability Paws into Grace, the Veterinarian, and their owners, members, officers, directors, agents, and employees, including without limitation for negligent acts (of itself or its agents or employees), is limited to a refund of the cremations and/or house call fees paid by me/us. I/We warrant that all representations and statements contained in this form are true and correct. I/We have read and understood all pages of this document.

FINAL DISPOSITION OF AQUAMATED REMAINS: Following the Aquamation, the Authorizing Agent directs Paws into Grace to arrange the final disposition of the cremated/aquamated remains. Remains shall only be released, delivered, mailed or scattered by Paws into Grace in a dignified manner, in accordance with the law, and with expressed written consent of the Authorizing Agent. If the cremated/aquamated remains are shipped at any time, the Authorizing Agent directs that the Paws into Grace utilize registered U.S. mail with a return receipt or a shipping service that uses an internal system for tracking the location of the cremated/aquamated remains during shipment and requires a signed receipt of the person taking delivery of the cremated/aquamated remains. The Authorizing Agent understands that if no arrangements for the final disposition of the cremated/aquamated remains have been made or paid for within sixty (60) days after the Aquamation or if the Authorizing Agent has not taken delivery of or caused the delivery of the cremated/aquamated remains, or in the event the arrangements of the final disposition have not been carried out within the sixty (60) day period because of the inaction of a party other than Paws into Grace or Veterinarian, Paws into Grace or the Veterinarian may dispose of the cremated/aquamated remains in any dignified manner, including scattering. Paws into Grace is a business under Benson Veterinary Enterprises, Inc.

PET DISCLOSURES

I/We further represent and warrant that the animal has not bitten any person or other animal during the past ten (10) days, is not suffering from Rabies, and has not been exposed to other animals suffering from Rabies.

ACKNOWLEDGEMENT: To the best of my knowledge the information I have provided is accurate and complete. Fees for these services have been explained to me and I assume full responsibility for all charges applicable to such services. I have carefully read and fully understand this form.

_____ Signature/Full Name

_____ Today's Date

I accept terms & conditions. Checking the box acts as my digital signature.

I authorize Benson Veterinary Enterprises, Inc. permission to use my pets name, photos and likeness for publicity, copyright purposes, illustrations, advertising, and web content.