



Doctor:

Driver:

Owner Name: _____ Date: _____

Mobile Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Pet Name: _____ Age: _____ Weight: _____ Sex: Male / Female

Species: Cat / Dog / Other: _____ Breed: _____ Color: _____

Primary Vet Clinic: _____ How did you hear about us? _____

Aftercare arrangement options (Check one):

☐ **None, I will arrange Aftercare** ☐ *** Individual Cremation (Urn, Clay Paw Print & Fur)** ☐ **Communal (Ashes @ Sea)**

**Pick up location: 2750 Auto Park Way, Ste. 17, Escondido, CA 92029*

Services Consent: 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 provide services for my pet, including treatment, euthanasia, and cremation. I/we agree to release and indemnify Paws into Grace, the Veterinarian, and their owners, directors, agents, and employees, from any claim, liability, cost, or expense resulting from their reliance on or 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, directors, agents, and employees, including without limitation for negligent acts (of itself or its agents or employees), is limited to a refund of the cremation and/or house call fees paid by me/us. Fees for these services have been explained to me and I assume full responsibility for all charges applicable to such services. To the best of my knowledge, the information I have provided is accurate and complete. I have carefully read and fully understand this form.

X _____ Date: _____
Signature of Owner

Below for staff use only

Telazol _____ ml Acepromazine _____ ml

Butorphanol _____ ml Euthasol _____ ml

_____ mg _____ ml

Other
Subjective: _____

EENT: N _____ HL: N _____

MSI: N _____ ABD: N _____

UG: N _____ A: _____

P: Euthanasia / Notes: _____

Notes/Additional Memorial Items:

Tag # _____ Clay Print: Y x _____ / N Fur: Y x _____ / N

OFFICE: PC _____ PKG _____ QC _____

House Call Fee	EUTH	CC	QOLE	DPP	\$
Cremation	IND	COM	None		\$
Urn Choice (circle one)z Biodegradable Urn: Natural or Floral Cedar Urn or Acacia Urn Engraving: Name included Line 1: _____					
Hand Delivery of Ashes					\$
Shipping PP \$20/IP \$10/ Ashes & PP \$75 in CA					\$
Add Ons Clay PP\$35 Ink PP/NP \$25 Fur \$10 Clay Paw Print Ornament \$35: ♥ or ○					\$
Upgrades Extended Engraving \$10 (up to 3 lines) Memorial Item Upgraded Urn					\$
Check# _____ Cash CC Care Credit Total					