For office use only
Cremation No:

FINAL gift

PET AFTERCARE SERVICES AND MEMORIAL CENTER
Please visit us at: www.finalgift.com

Phone: (401) 464-8338

PET RECORD (Please Print Clearly)

OWNER'S INFORMATION

Owner *(First Name)* *(Last Name)*

Address

City State Zip

PET'S INFORMATION

Pet Name Weight (lbs) _____

Breed Color/Markings _____

Hospital/Veterinarian Name Bayport Veterinary Hospital/Dr. Wheat/Dr. Gooss

EUTHANASIA RECORD

I, the undersigned, do hereby certify that I am the owner or the duly authorized agent of the pet described above, that I am 18 years of age or older, and that I do hereby give Doctor _____ his or her agents, servants and representatives full and complete authority to humanely euthanize the said pet; and release the veterinary facility and its employees from any and all liability for so euthanizing the said pet. I do also certify that to the best of my knowledge said pet has not bitten any person or animal during the last (15) days and has not been exposed to rabies.

Date _____ Signature _____

AUTHORIZATION FOR DISPOSITION OF PETS REMAINS BY FINAL GIFT PET AFTERCARE SERVICES AND MEMORIAL CENTER

I hereby certify that I am the owner or authorized agent for the owner of the pet described above and that I am 18 years of age of age or older, I hereby authorize the following method of disposition:

☐ **PRIVATE CREMATION** (Once in the care of Final Gift your beloved pet is placed into a private crematory chamber. The remains are then placed in a quality urn of your choice and hand delivered to the veterinary hospital to be reunited with you and your family. A certificate of cremation and grief package is issued with every private cremation.)

☐ **Cedar Latch Urn** ☐ **Trail to Heaven** → ☐ **TTH Standard Urn** ☐ **TTH Heart** ☐ **Serenity**

Additional upgraded urns (Please list the item number from the hospital's urn catalog.) ***Item#:*** _____
Customized brass engraving plate. ***Please circle:*** Yes / No Personalized etching. ***Please circle***: Yes / No
Please list details _____

☐ **COMMUNAL CREMATION** (Once in the care of Final Gift your beloved pet is cremated in a group setting with other pets. This option maintains a high level of dignity at a modest cost. Pet ashes are not returned, but receive a proper burial at the discretion of Final Gift.)

☐ **PRIVATE BURIAL** (Once in the care of Final Gift your beloved pet is transported to our cemetery gounds located at Pet Memorial Park. Owners should call us to arrange for burial services.)

☐ **RELEASE REMAINS** (The beloved pet's remains will be released to the owner for proper disposition. Local laws apply.)

I further acknowledge that I have received, read and understand the price schedule for each aforesaid disposition alternative, and I further understand where each alternative method of disposition will take place. If this form is not completed by the pet owner, the undersigned acknowledges that same was orally authorized by the pet owner and witnessed by the party signing below as such witness. The undersigned agrees to indemnify Final Gift Pet Aftercare Services and Memorial Center for all claims (including legal fees and other costs) resulting from any inaccuracy in the aforesaid representations or requests.

Date _____ Signature of owner or authorizing party _____

Date _____ Signature of witness to pet owner's oral consent _____

Euthanasia Cost	
Cremation Cost	
Urn Cost	
Total Cost	

White (Crematory Copy) - Yellow (Hospital Copy) - Pink (Pet Owner Copy)