

Euthanasia Authorization Form

Owner's Name: _____

Pet's Name: _____

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the animal listed above. I do hereby give the Doctors of Land of Two Fields permission to euthanize and cremate my animal in the humane manner as the doctors of Land of Two Fields, their agents, servants or representatives deem appropriate. I also release the Doctors, Land of Two Fields, their agents, servants or representatives for any and all liability for euthanizing and cremating my animal.

I do also certify that, to the best of my knowledge, my animal has not bitten any person or animal during the last ten (10) days and has not been exposed to rabies. I have read and understand this authorization form and I am over the age of eighteen.

☐ Private Cremation (Includes return of ashes in an urn and a clay paw print)

Images are examples only, please consult with the staff for current options.



No Urn



Blue Scattering Tube



Blue Metal Urn



Tan Metal Urn



Wooden Box Urn



Mahogany Picture Box Urn



Cedar Box Urn



Carved Rosewood Box Urn

☐ General Cremation (Includes a clay paw print, but no return of ashes)

☐ Additional Memorial Products and Urns (Please ask for a list of products that are available for purchase)

Signature of Owner/Agent: _____

Date: _____ **Time:** _____