

*All Pets Veterinary Hospital Inc.*  
43112 John Mosby Hwy. Suite 102  
Chantilly, VA. 20152  
Tel: (703) 327-6666 Fax: (703) 327-4664

**OWNER INFORMATION**

Date \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**PET INFORMATION**

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Color \_\_\_\_\_

**EUTHANASIA PERMISSION RECORD (IF APPLICABLE)**

I, the undersigned, do hereby certify that I am the owner or the duly authorized agent or the owner of the animal described above, that I am 18 years of age or older, and that I do hereby give Doctor S. Masood, his agents, servants, and representatives; full and complete authority to humanely euthanize the said animal and I do hereby and by these present forever release the veterinary facility and its employees from any and all liability for so euthanizing the said animal.

I do also certify that, to the best of my knowledge, the said animal has not bitten any person or animal during the last fifteen (15) days and has not been exposed to rabies.

Date \_\_\_\_\_ Name (Please print) \_\_\_\_\_ Signature \_\_\_\_\_

**AUTHORIZATION FOR DISPOSITION OF ANIMAL REMAINS**

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

Private (individual) cremation \_\_\_\_\_ Communal cremation \_\_\_\_\_ Office Visit \_\_\_\_\_

\_\_\_\_\_ With cedar box \_\_\_\_\_

Euthanasia Cost \_\_\_\_\_

Cremation Cost \_\_\_\_\_

Total Cost \_\_\_\_\_

Date \_\_\_\_\_ Name (Please print) \_\_\_\_\_ Signature \_\_\_\_\_