

Euthanasia Authorization

Time	<u>:</u> :		

Client Name:	Companion Name:			
Address:	K9 🗇 Feline 🗆	Male 🗆 Female 🗆		
City/State/Zip:	Breed:			
Phone:	DOB/Age:	Weight:		
Email Address:	Regular Veterinarian	Regular Veterinarian/Referring Hospital		
Date:	•	. .		

I, the undersigned, do certify that I am the pet guardian (or duly authorized agent for the pet guardian) of the companion described above; that I do hereby give the doctors and staff of Final Journey, LLC full and complete authority for euthanasia and cremation (if chosen); and I do hereby and forever release Final Journey, LLC from any liability for this act. I do also certify that this companion has not bitten any person or animal during the past eleven (11) days and to the best of my knowledge has not been exposed to rabies.

If said companion has bitten a person or animal within eleven (11) days, I understand that said companion must be sent for Rabies testing according to Connecticut state law. I agree to pay all costs incurred by this testing and transport.

Cremation Authorization

Option A: <u>I wish to take possession of my companion's body.</u>

I understand that Final Journey LLC, its Doctors and Team Members are forever released from any liability upon completion of Euthanasia Services.

X_____

Option B: <u>I wish to have my companion communally cremated and their ashes incorporated into a coral reef</u> (petreefs.com) and NOT returned to me.

Terms of revisions: I, the undersigned, do certify that I am the pet guardian (or duly authorized agent for the pet guardian) and understand that Final Journey LLC, its doctors and team members accept my companion's body and have arranged loving transportation. Should I decide to change the cremation authorization I signed today (adding/deleting services or memorial items), the team members of Final Journey LLC will make their best efforts to make those requests possible. I am fully aware that all requests/changes are NOT guaranteed and Final Journey LLC will NOT be liable for revisions made after my appointment that are unable to be satisfied. Authorized and approved requests must be paid for at the time of approval by Final Journey LLC team members. Your signature is agreement to **COMMUNAL** Cremation and these Terms of Revision.

X_____

Option C: I wish to have my companion cremated PRIVATELY and their ashes WILL be returned to me.

Terms of revisions: I, the undersigned, do certify that I am the pet guardian (or duly authorized agent for the pet guardian) and understand that Final Journey LLC, its doctors and team members accept my companion's body and have arranged loving transportation. Should I decide to change the cremation authorization I signed today (adding/deleting services or memorial items), the team members of Final Journey LLC will make their best efforts to make those requests possible. I am fully aware that all requests/changes are NOT guaranteed and Final Journey LLC will NOT be liable for revisions made after my appointment that are unable to be satisfied. Authorized and approved requests must be paid for at the time of approval by Final Journey LLC team members. Your signature is agreement to **PRIVATE** Cremation and these Terms of Revision.

Final Journey LLC is given a 14-day timeframe for the return of ashes from our crematory for private cremations. Custom orders and speciality items may take longer. We may need to contact you in the rare case of an urn backorder or issue. Our Aftercare team members will contact you to arrange for the return of your companion within 4 weeks of your visit. For more information regarding the coral reef for communal cremations please visit petreefs.com.

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