



3935 Avion Park Ct A-102
Chantilly, VA 20151
Phone: (703) 327-8502

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 _____