



Home Pet Euthanasia

of Southern California

Cremation Consent

Owner: _____

Address: _____

City: _____ ZIP: _____

email: _____

Telephone: _____ Cell: _____

Pet's Name: _____ Sex: M F Spayed/Neutered

Breed: _____ DOB or age: _____ Wt: _____

Description (color, markings) : _____

Primary veterinarian: _____

Primary veterinarian phone number: _____

Any other veterinarians your pet has seen in the last 2 years _____

*As a courtesy, Home Pet Euthanasia will advise your veterinarian of the passing of our pet so that they may update their records and have a chance to extend their condolences. If you do **not** wish HPESC to call your veterinarian, please check this box*

Who referred you to us? _____

I am the owner or authorized representative of the pet described above and hereby give Home Pet Euthanasia of Southern California permission to have my pet cremated. All my questions regarding the procedure itself and any applicable fees have been answered fully.

Signature: _____ Date: _____