

Angel's Paws

Agreement for Release and Waiver of Liability Authorization to Perform Euthanasia & Cremation Release

Owner: First	Last	Date
Street	City	State Zip
Phone	Email	
Pet Name	Veterinarian	
above; (initial each) I hereby consent to and order eut	,	horized agent for the owner) of the animal named the same for humane reasons, by Angel's Paws
LLC and representatives I acknowledge and accept the kno someone on my property for servi	- ·	anything potentially contagious while having
I do hereby certify that the said ar to the best of my knowledge has r		rson or animal during the last fifteen (15) days and
If I choose not to pick up my pet's to scatter them on my behalf.	ashes within six (6) months	of this date, I give permission to Angel's Paws LLC
Angel's Paws LLC from any and all claims of during my pet's participation in services pure the read this agreement, release of liab	of responsibility, financial or rovided by Angel's Paws, LL bility and assumption of ris Paws LLC to seek veterina	oyees, volunteers and anyone else associated with otherwise, as well as damage or loss of property C. Sk agreement, fully understand its terms and sign it rian care for my pet and to obtain any medical syment expected at time of service.
READ, UNDERSTOOD, AND AGREED.	Signature	Date
Private Cremation, Ashes Returned No Return - Communal Cremation,	•	n)
No cremation, thank you. Our fami		