



RIVERS RELEASE LLC
PO Box 31376 Spokane, WA 99223
509-720-9867

CLIENT INFORMATION AND EUTHANASIA CONSENT FORM

OWNER INFORMATION

First Name:_____ Last Name:_____

Date:_____

Address:_____

Mailing Address:_____ Yes _____ No *(please write on back if not)*

Phone:_____ Email:_____

ANIMAL INFORMATION

Patient Name:_____

Species:_____ Breed:_____

Color:_____ Age:_____ Sex:_____ Weight:_____

Regular Veterinarian:_____

AFTER CARE DESIRES

I request that the after care of my animal's remains be cared for in the following manner:

_____ Private Cremation – Ashes will be returned to me

_____ Communal Cremation – No ashes will be returned

_____ At Home Burial (in compliance with all applicable regulations)



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CLIENT INFORMATION AND EUTHANASIA CONSENT FORM

(CONTINUED)

I, the undersigned, certify that I am the legal owner or duly authorized agent for the owner of the animal described above on page 1 of this agreement. I also certify that I am 18 years of age or older and I am legally competent to sign this agreement. I give Rivers Release LLC and any authorized agents, staff or representatives complete authority to euthanize, dispose of, or arrange for cremation services in a humane manner.

To the best of my knowledge, the animal described above has not bitten, scratched, and/or potentially exposed any person or other animal to rabies in the past 10 days. I understand that if the animal described above has bitten or otherwise exposed any person within the specified time period, a rabies test must be performed.

I understand that euthanasia is the act of ending the life of an animal in a painless way to prevent unnecessary suffering. I understand that my wishes to euthanize the animal described above will be carried out immediately upon signing this agreement. Fees for these services have been explained to me and I assume responsibility for all charges incurred for services rendered. I certify all information provided is true and accurate and I have carefully read and understand the terms of this agreement.

Owner (Agent) Name Printed: _____

Owner (Agent) Signature: _____

Date: _____

I certify that if I am signing as an authorized agent, that I have authority to execute this agreement.