

Loving Paws Client Information Sheet

Date _____ Family, Couple, Single (Please Circle)

Legal Owners name _____

Address _____

Phone _____

Email _____

Pet name _____

Pet's Age _____

Breed _____

Color _____

Male/Female Spayed/Neutered (yes or no)

Approximate Weight _____

Illness _____

Veterinary Clinic and Phone #

(As a courtesy we call all veterinary clinics and inform them of the house call unless otherwise requested)

How did you hear about us? _____

Today I am helping my pet (pet's name) _____

by requesting Loving Paws Veterinary House Calls to assist with a in home euthanasia. To the best of my knowledge my pet has not been exposed to rabies or bitten anyone in the past 10 days before this house call.

Owner Signature _____

Date of House Call Appointment _____

----- Dr. Fills out Below -----

Drugs (Cat)TN _____ (Dog) TNX _____ Ace _____ Mid _____ Euth _____

Loving Paws Aftercare Options (Print Name) _____

Please choose from the three following options:

***I want to handle by pet's aftercare myself** _____(signature) _____(date)

***I want communal creation (no ashes back)** _____(signature) _____(date)

***I want private cremation (ashes back)** _____(signature) _____(d

Urn options (*please circle your choice*)

Velvet Scatter Bag

Cedar Box

Photo Box - (Walnut or Oak) (Vertical or Horizontal)

Pawprint Vase

(Silver with Gold Pawprint) or (Nickel with Silver Pawprint)

The photo boxes and the cedar box all come with an engraved name plate. Please list below what you would like to have engraved on the name plate (up to three lines)

Line 1 _____

Line 2 _____

Line 3 _____

I want my pet's ashes delivered to the following address: _____

Phone # you want the crematory to call before delivery _____