PET INFORMATION FORM

1) Name:
2) Species: Dog ____ Cat ____
3) Breed:
4) Fur colour:
5) Fur length:
6) Any unique characteristics?
7) Date of birth (month/day/year) _____ or age: _____
8) Sex: Male _____ Female _____
9) Intact _____ or spayed/neutered _____
10) Last known weight: _____lb or _____kg
11) Tattoo (if known) _____
12) Microchip (if known) _____
13) What medications, if any, is your pet taking? _____
14) Does your pet have a pacemaker, surgical implants (ie: pins/plates) or other devices attached to them (ie: glucometer, catheters, drains) _____
15) Is your pet aggressive and/or have anxiety/behavioural issues? Yes: ____ No ____
    -if yes please briefly describe and contact us to discuss further as usual procedure may need to be modified
16) Does your pet have any history of seizures?
17) Brief description of your pet's medical condition, quality of life and reason for euthanasia

18) Afterwards, may we send an email to notify your regular vet? Yes _____ No ____
    -if yes, what is the name and contact information of the vet clinic?

19) Aftercare: Will we be transporting your pet to Cherished Companions Crematorium? Available for pets weighing 30 lbs or less - over 30 lbs please arrange alternative transportation or contact to discuss options for cremation via Cherished Companions please visit their site https://www.cherishedcompanions.info/ to view cremation and memorabilia options and select and pay them directly

____ YES: individual with ashes delivered home ___or picked up at crematorium___
____ YES: communal cremation with no ashes returned
____ NO: I will transport and make arrangements with a pet cremation service or cemetery
____ NO: I elect home burial. I am aware of the local regulations and need for secure burial as the veterinary drugs are toxic to scavengers and the environment/water supply

https://www.euthabag.com/handouts