



TRANQUIL TRANSITIONS

At Home Pet Euthanasia Services

Pet Information Form

Please provide the information below so we can understand your pet's needs, plan safely for the appointment, and document your aftercare preferences.

Pet Details

PET NAME

DATE OF BIRTH (YYYY/MM/DD) OR AGE

Species ☐ Dog ☐ Cat ☐ Other

BREED

IF OTHER, PLEASE DESCRIBE

FUR COLOUR

FUR LENGTH

☐ Short ☐ Medium ☐ Long ☐ Furless ☐ Other

UNIQUE CHARACTERISTICS OR IDENTIFYING FEATURES

Weight in lb or kg

Sex ☐ Male ☐ Female

Reproductive status ☐ Intact ☐ Spayed ☐ Neutered

Identification

TATTOO IF PRESENT OR KNOWN

MICROCHIP IF PRESENT OR KNOWN

Medications and Medical Devices

CURRENT MEDICATIONS INCLUDING DOSE AND FREQUENCY

Does your pet have a pacemaker or any electronic, battery powered, or surgical device attached or implanted? ☐ Yes ☐ No

Examples include a glucometer, electronic collar, pins, or plates.

IF YES, PLEASE DESCRIBE



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Behaviour and Safety

Does your pet have aggression, anxiety, or other behavioural concerns? ☐ Yes ☐ No

If yes, please describe the concern and contact us to discuss it. The usual procedure may need to be modified for your pet's safety and comfort.

BEHAVIOURAL CONCERNS

Medical History and Quality of Life

Does your pet have any history of seizures? ☐ Yes ☐ No

IF YES, PLEASE DESCRIBE

BRIEFLY DESCRIBE YOUR PET'S MEDICAL CONDITION, QUALITY OF LIFE, AND REASON FOR EUTHANASIA

Decision Acknowledgement

Are you aware of and have you considered or explored the available diagnostic and treatment options for your pet's condition? Do you understand that euthanasia is a permanent and irreversible decision? After careful consideration, are you deciding not to pursue further diagnostic testing or treatment and choosing humane euthanasia in your pet's best interest?

Please select one ☐ Yes ☐ No

If you select No, please contact a veterinarian to discuss your pet's case. At this time, Tranquil Transitions provides euthanasia services only.

Veterinary Clinic Notification

After the euthanasia, may we notify your regular veterinarian by email? ☐ Yes ☐ No

VETERINARY CLINIC NAME

CLINIC EMAIL OR PHONE

REGULAR VETERINARIAN'S NAME IF KNOWN

Aftercare

- ☐ I would like a complimentary fur clipping.
- ☐ I will retain my pet's remains and understand that I am responsible for complying with applicable requirements for their handling and disposal. I understand that euthanasia drugs may remain in the body and may pose a risk to other animals or the environment if improperly handled.

Please refer to the [Home Burial Information guide](#) if you are considering burial at home.

- ☐ I will arrange transportation and aftercare independently.
- ☐ I have contacted and made arrangements with Cherished Companions Crematorium in Rosedale.

Cremation selection ☐ Private ☐ Partitioned ☐ Communal, no ashes returned

- ☐ My pet weighs 30 lb or less, and I authorize Kristie Klein, DVM, and/or her representative to transport my pet's remains to Cherished Companions Crematorium in Rosedale. I understand that travel fees will apply.