

# Tranquil Passing

## Client Registration Form

### Client Information:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number:

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Names of Individuals to be present at the euthanasia:

\_\_\_\_\_

How did you hear about us: \_\_\_\_\_

### Pet Companion Information:

Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Weight (lbs or kg): \_\_\_\_\_

Circle: Dog or cat; Male or Female; Neutered/Spayed/Intact;

Color/Markings: \_\_\_\_\_

Regular Veterinarian: \_\_\_\_\_

### After Care Wishes:

Time and Date of Scheduled Appointment: \_\_\_\_\_

#### Please circle:

Private Cremation (ashes returned)

Communal Cremation (no ashes returned)

Home Burial (check with city ordinances)

Pet Cemetery Burial

Unsure at this time

Other: \_\_\_\_\_

Would you like a complimentary clay paw print? **Circle:** Yes or No