## **Precious Pets Memorial Service "Authorization Form"**

Owners Name:	Pets Name:	Weight:
Receiving Appointment: Office / Pickup - Date:		Time::
Order#Invoi	ce#:	Invoice Amount:\$
Payment Type: Credit Card / Cash / Check #	- Amount Recei	ved: \$
Return Appointment: NA / Office / Delivery - D	Date://_	Time::
*Delivery Requirement: Signature required / Si	gnature NOT required	(Place delivery address below)
Other/Request:		
	gal Representative hereby ion of the remains of the P his authorization, the underst the full right and authorical nowledges that due to the remains material on or with the stroyed in the cremation prestands our policy that if the precious Pets Memorial affect this statement if I as nowledges that due to the receiving remains or cremains may not be available for the return I was Pets Memorial Service recious Pets Memorial	tet at the Precious Pets Memorial ersigned represents that he/she is the ty to arrange the cremation and mature of the cremation process, e remains of the pet, such as collars, rocess if not removed. The remains are not picked up within Service may dispose of the cremated the owner of the pet have chosen the mature of the "Communal" processes, I aims of my pet back for return. Veledges that I as a client fully lable for <b>Reconsiders</b> , <b>Modifications</b> , as Memorial Service is suggesting that her chose the "delivery" method for will have to contact USPS to follow up is released from responsibility for the vice facility after we shipped them for the estated in line 3 to pick up the Pets Memorial service may dispose of the contact of th
returned to the owner/legal representative.		Date: