

Authorization Form

(Precious Pets will call to confirm all appointments)

Receiving Appointment: Office / Residential Pickup Date: _____ / _____ / _____ Time: _____ : _____

Pet cremation authorization for contracted services

Type of Cremation: Private / Communal / Burial

1. Cremation Authorization: The Owner/Legal Representative hereby authorizes the Crematory to arrange the cremation of the remains of the Pet at Precious Pets Memorial Service facility. In providing this authorization, the undersigned represents that he/she is the Owner/Legal Representative of the Pet and has the full right and authority to arrange the cremation and disposition of the cremated remains.

2. Cremation Process: The undersigned acknowledges that due to the nature of the cremation process, and material on the remains of the Pet, such as: collars, tags, blankets, will be destroyed in the cremation process if not removed.

3. Return Process: The undersigned understands our policy that if remains are not picked up within thirty (30) days of the date of cremation, the Crematory may dispose of the cremated remains in any lawful manner.

(Allow 3 business days minimum for return)

Disposition: Office / Residential Delivery Date: _____ / _____ / _____ Time: _____ : _____

Pets Name: _____ Breed: _____

Weight: _____ Gender: _____

Owner's Name: _____ Phone Number: _____

Owner's Street Address: _____

City: _____ Zip: _____

Personal Belongings (you would like returned): _____

Certification: The Undersigned certifies the accuracy of all information on this Authorization and will indemnify and hold harmless the Crematory, their owners, employers and agents, from liability, cost, expenses, or claims resulting from this Authorization and release thereon.

Signature of Owner/Legal Representative: _____ Date: _____

[805-628-3509](tel:805-628-3509)

Preciouspetsms@gmail.com

www.preciouspetsms.com