

A Pet's Memory Pet Funeral Home and Crematory, Inc.

1520 28th Street

Gulfport, MS 39501

(228) 863-7389

PET CREMATION AUTHORIZATION

Name of Pet: _____ ("Pet") Date: _____ ID# _____

Type of Pet: _____ Gender: _____ Weight: _____ lbs.

Name of Owner: _____ Phone: _____

Address: _____

Email Address: _____

Name of Crematory: A Pet's Memory Pet Funeral Home & Crematory, Inc. (Crematory).

Cremation Authorization: The owner hereby authorizes the Crematory to arrange the cremation of the remains of the Pet at their facility. In providing this authorization, the undersigned represents that he or she is the Owner or the legal representative of the Owner and has full right and authority to arrange the cremation and disposition of the cremated remains.

Cremation Process: The undersigned acknowledges that due to the nature of the cremation process, any material on the remains of the Pet, such as collars, tags, etc. will be destroyed if not removed. Accordingly, the undersigned has removed any such material or, if the material is present on the Pet's remains, the undersigned understands it will either be destroyed or removed and disposed of by the Crematory.

Type of Cremation:

_____ Private Cremation (**Pet returned to pet owner, one cremation at a time**)

_____ Communal Cremation (**Remains not returned**)

Style of Urn:

_____ Walnut Wood or Special Urn: Item#/description: _____

Other Services:

_____ Ceramic Paw Print (\$32.10)

_____ Engraved Plate (21.40) Up to 3 Lines - Satin Brass, Black Brass or Brushed Silver

Disposition of Cremated Remains: The undersigned directs the Crematory to take the following actions with regard to the cremated remains of the Pet. **Remains will be returned back to the clinic in which they were picked up from.**

_____ Hold the cremated remains until they are picked up by the owner. If not picked up within seven (7) days of the date of death, the Crematory may dispose of the cremated remains in any lawful manner.

_____ Deliver the cremated remains back to my veterinary clinic at:

_____ Deliver the cremated remains by certified mail too:

Certification: The undersigned certifies the accuracy of all information on this Authorization and will indemnify and hold harmless the Crematory, their owners, employees and agents, from any liability, costs, expense or claims resulting from this Authorization and release thereon.

Payment: The undersigned agrees to pay, in full, A Pet's Memory for any and all services to be rendered upon receipt of said pet. Payment is required at time of service. **A \$40.00 fee will be charged in the event of an insufficient fund check.**

Pre-Need: **Pre-need payments are made upon estimated weight of said pet. If pet has gained additional weight the difference must be paid. If pet has lost weight a refund will given based upon weight at time of the death. Pre-arrangements are not transferrable to other pet cremation facilities within a 100 mile radius.**

I certify that the above referenced Pet has not bitten anyone within the past ten (10) days, if has bitten was current with Rabies vaccinations.

Signature of Owner or Legal Representative: _____

Date: _____

Receipt of Cremated Remains: _____

Date: _____ Time: _____