



Pet Release /Authorization for Final Disposition

Vets, please complete this form and return it by email to

heavenlypetscremation@gmail.com.

Veterinarian/Owner Information:

Business/Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Contact Name: _____

Contact Email: _____

Pet Information:

Species of Animal to be Cremated: Dog Cat Bird Rabbit Other: _____ (circle one)

Weight of Animal: _____ If Canine, Please Indicate the Breed: _____

Pet's Name, if Known: _____

(Please note, we only receive animals up to 500 lbs.)

Service Information:

This Authorization Form is required to be completed and signed before the final disposition of your pet. CREMATION IS AN IRREVERSIBLE AND FINAL PROCESS. It is important that you understand the cremation process and the different options available before signing. We want you to fully understand the information provided in this Authorization Form, so we will be pleased to answer any questions you may have.

I/We represent that I/we have the right to authorize the cremation of the Pet's remains and warrant that I/we are the Owner or an Agent of the Owner ("Authorizing Agent"/"Vet") I/We have read and understand the description of the different available cremation processes described on the website of Heavenly Pets Crematory.

Service Requested: (Initial One)

_____ Private Cremation: I/We shall receive the pet's cremated remains.

_____ Partitioned Cremation: I/We shall receive the pet's cremated remains.

_____ Communal Cremation: The Heavenly Pets Crematory will scatter all cremated remains, and I/We will not receive any cremated remains.

Pick Up Location: Vet's Office _____ Owner's Home _____ Other _____ (check one)



Address of Pickup if Different From Above: _____

Keepsake Information:

Type of Urn Requested:

Standard ____ Upgraded Urn (Stock #) ____

Inscriptions are available on Urns for an additional charge. Please indicate the inscription on the Urn (i.e. Pet's Name, Birthday/Date of Death, special verse, etc.)

Card Paw Print Qty: ____ The first one is free. Other quantities are available for \$5.00 each.

Clay Paw Print Ornament Qty: ____ Shadow Box Qty: ____
Please include a digital photo of the pet for a Shadow Box.

Also, include the desired color of the paw print and the background outside of the paw print.
(We will try to match your selected color as closely as we can.)

Paw Print Color _____ Background Color _____

Once we receive this request, we will provide a quote so that you and your client are aware of the final cost.

For Veterinary Signature Only

Veterinary/

Vet Admin Signature: _____

Printed Name: _____ Date: _____

For Owner(s) Only:

I/we agree to release and indemnify the Veterinarian and Crematory, their officers, directors, agents, and employees, from any claim, liability, cost, or expense resulting from their reliance on or performance consistent with the directions, declarations, representations, authorizations, and agreements herein. I/We warrant that all representations and statements contained in this form are true and correct. I/We have read and understood all pages of this document.

Signature: _____

Printed Name: _____ Date: _____