



## Cremation Authorization

Owner's/Agent's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Dog or Cat \_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: M or F Spayed/Neutered Y or N

How did you hear of us? \_\_\_\_\_

### **AFTERCARE ARRANGEMENT:**

I wish to have Paws Into Grace arrange for my pet's after care (check one)

Communal Cremation (no ashes returned)

Private Cremation (ashes returned to me)

NAMEPLATE: 1st Line: \_\_\_\_\_ (15 characters max per line)

CHARGES: Cremation \$ \_\_\_\_\_ Transport \$ \_\_\_\_\_ H. Delivery \$ \_\_\_\_\_ Total\$ \_\_\_\_\_

PAYMENT:  Check  Cash  Card on File  Other Card

### **FOR PAWS STAFF:**

Transport To: \_\_\_\_\_

Email Owner Receipt:  Y  N

**Cremation Authorization:** *The Owner or Legal Representative hereby authorizes Paws into Grace to arrange the cremation of the remains of the Pet at Angel Paws Pet Cremation or partnered crematory. In providing this authorization, the undersigned represents that he or she is the Owner or the Legal Representative of the Owner and has the full right and authority to arrange the cremation and disposition of the cremated remains.*

**Certification:** *The undersigned certifies the accuracy of all information on this Authorization and will indemnify and hold harmless Paws into Grace, their owners, employer and agents, from any liability, cost, expenses or claims resulting from this Authorization and release thereon.*

Signature of Owner or Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_