



Cremation Authorization Form

Pet's Name: _____

Owner/Authorizing Agent _____ Date _____ Cremation # _____
 Address _____
 City/State/Zip _____ Phone _____
 Type of Pet _____ Email _____
 Veterinary Hospital _____ Weight _____ Gender: Male Female

_____ **Cremation Authorization:** The owner/authorizing agent hereby authorizes The Elms Pet Cremation Service to arrange the cremation of the remains of the pet at their facility. In providing this authorization, the undersigned represents that he/ she is the owner or legal representative of the owner and has the 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 understands it will either be destroyed or removed and disposed of by the Crematory.

Type Of Cremation: _____ Private _____ Communal (ashes not returned)

Certification: The undersigned certifies the accuracy of all information on this Authorization and will indemnify and hold harmless Printy Funeral Homes, Inc., and The Elms Pet Cremation Service, their owners, employer and agents, from any liability, cost, expenses or claims resulting from this authorization and release thereon. If cremated remains are not picked up within 30 days of cremation the crematory may dispose of the cremated remains in any lawful manner.

_____ Signature of Owner/Authorizing Agent

Date/Time of Pick Up _____ by _____ Signature Owner/Veterinarian _____
 Date/Time of Cremation _____ by _____ Signature of Operator _____
 Date/Time of Urn Delivery _____ by _____ Signature of Recipient _____