

**Secure ID & Cremation
Authorization Form**



Pets at Peace by

Gent
FUNERAL HOME & CREMATION SERVICES

2409 State Street, Alton, IL 62002 | 618.466.5544 | www.gentfuneralhome.com

Pet ID# _____ Please read the terms and conditions (reverse side of this document) before completing and signing this document. From the time of the initial transfer of your pet into our care, we will attach our pre-numbered pet tracking disk to your pet. When you receive your pet's urn, the same tracking disk will be attached ensuring you the peace of mind that you have received your pet's cremated remains.

STEP 1:

Owner/Pet Information

Owner/Authorizing Agent: _____

Pet's Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Species: (circle one) Dog Cat Other: _____

Weight: _____ Gender: (circle one) Male Female

Breed: _____

Veterinary Hospital: _____

STEP 2:

Cremation Authorization & Unclaimed Cremated Remains Policy

I/We _____ (print name) 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. I/We have read and understand the description of the different available cremation processes described on the Terms and Conditions for Secure ID & Cremation Authorization document (reverse side of this document). By initialing the cremation option below, I/We authorize the following cremation:

Private Cremation: _____ Semi-Private Cremation: _____ Communal Cremation: _____

I/We have read, understand and agree with the terms and service of both this document and the Terms and Conditions for Secure ID & Cremation Authorization document. Furthermore, I/We understand and acknowledge that if my pet's cremated remains go unclaimed for a period of 90 days after the cremation, they may be disposed of in a dignified and non-recoverable manner: (such as scattering).

I/We agree to release and indemnify and hold harmless the Veterinarian, the Funeral Home, the Crematory, their successors, officers, share holders, directors, affiliates, agents and employees, from any and all liability, claims, cost or expense arising from and related to the handling, cremation and release as consistent with the directions, declarations, representations, authorizations and agreements described herein. The obligations of Pets at Peace shall be limited to the cremation of the pet as specified and authorized herein. No warranties, expressed or implied, are made and damages, if any, shall be limited to the amount of the cremation fee paid to Pets at Peace.

Signature(s): _____

STEP 3: Service Selection and Itemization

- | | |
|---------------------|-----------------|
| 1) Cremation Option | \$ _____ |
| 2) Fur Clipping | \$ _____ |
| 3) Private Viewing | \$ _____ |
| 4) Urn - Model # | \$ _____ |
| 5) Other | \$ _____ |
| 6) Other | \$ _____ |
| 7) Tax | \$ _____ |
| TOTAL DUE | \$ _____ |

STEP 4: Billing and Payment Information

Payment is due upon request for service. For private and semi private cremation, we will contact you when your pet's cremated remains are ready (within 72 hours).

Date Paid ____/____/____ Cash _____ Check (# _____)

____ Credit Card (circle one) **VISA** **MASTER CARD** **DISCOVER**

Card # _____

Expiration: _____ CVV#: (on back of card) _____

Name on Card: _____

Billing Address: _____

Signature: _____

PICK-UP & RETURN INFORMATION (completed by Pets at Peace Staff)

Date/Time of Pick-Up: _____ ☐ Initials _____ Signature of Owner/Veterinarian: _____

Date/Time of Urn Delivery: _____ ☐ Initials _____ Signature of Recipient: _____

Date/Time of Urn Delivery: _____ ☐ Initials _____ Signature of Recipient: _____