

PET CREMATION AUTHORIZATION/PET INTAKE

Name of Pet	·	Type of Animal (<i>Cir</i>	rcle one):	Dog	Cat	Other:	
Age:	Breed:	Weight:	Se	ex (<i>Circ</i>	le one):	Male	Female
Date of Birth	:	Date of Death:		Today	's Date:		
Owner Name	e/Point of Contact	t:	Address:				
City:		State:		Zip Cod	de:		
Pet Owner P	hone # :	Em	nail:				
your pet. CREMAT		ompleted and signed by the Pet Owner/Fam IBLE AND FINAL PROCESS. It is importan taff of any questions.					
they are subjected be minimized with private cremation. chamber, the skele mechanically proce of cremation identifi	to intense heat. Dependir effective portioning, but it However, minimal incider etal remains often will coessed/reduced. These grafied below (Private, Partitional properties)	CREMATION PROCESS & OI sins of the pet for final disposition. It is carried ng on the cremation type, there may/may not t is impossible to assert that it can be elimin ntal commingling of minute particles may occuratin recognizable bone fragments. Once the anulated particles of unidentifiable dimension oned, or Communal). ation procedure during which only one animal	out by placing be commingling the dentirely. A cur. When the nose fragments as will then be p	g, or mixing active commoremented remarked re are separa placed into a	g, of cremate ningling canr emains are ated from th a designated	ed remains. (not, by defini removed fro e other mat d container b	Commingling can ition, occur with a community of the cremation erial, they will be based on the type
PARTITION	d by a physical barrier. D	cremation procedure during which more than ue to a number of factors and by virtue of n ted remains may occur but is unlikely.					
	NAL CREMATION is a gled cremated remains are	cremation procedure where multiple pets e not returned to owners.	are cremated	together	without any	form of se	eparation. These
drop-off/removal	50 or below must be pai or through an approved arded to collections if unp	PAYMENT POLICY id in full at the time of pet drop-off or rer 3-month payment plan established with AF aid after 90 days.	noval from hol PT staff. Failure	me. Any bi e to comply	II over \$350 with the pa	may be pai	d either in full at s will result in the
law, and with expre contact by APT sta including scatteri	essed written consent of aff (via call, text, email, or ng, regardless of the se	DISPOSITION OF CREMATED IN only be released, delivered, mailed, or distance the Pet Owner/Family. If no arrangements for other reasonable communication), APT statelected cremation type. APT staff is not reache 90-day period. All actions are final and actions.	posed of by AF or final disposit aff may dispos sponsible for a	tion have be e of the cu iny distress	een made w remated ren incurred by	ithin 90 day : nains in a d the Pet Owr	s after attempted ignified manner ner/Family due to
liability, cost, or exagreements herein limited to a refund	spense resulting from the . I/We agree that the Vete	RELEASE AND CERTIFICA terinarian, the Authorizing Agent, the Cremato e reliance on or performance consistent with rinarian's, Authorizing Agent's, and Cremator iid by me/us. I/We warrant that all represents of this document.	ory, their officer th the directions ry's liability for r	s, declaration	ons, represe cts (of itself of	entations, au or its agents	thorizations, and or employees) is
This authorization f	or cremation and dispositi	ion was executed at Time:	Date:				
		Signature:					
Authorizing Agent/S	Staff Name:	Signature:					

Disclaimer: Requests for retrieval of pet appendages, teeth, tails, paws/feet, etc. will not be honored as a part of our ongoing efforts to preserve the dignity of your pet.

Vet/Clinic Name:							
Date:							
Vet Signature:							
Paw Print Mold Keepsake							
Paw Print Mold: Yes No (First one included at no cost)							
Paw Preference (Front, Back, Left, Right, etc.):							
Additional Paw Print Mold(s): Yes No How many additional?:							
<u>Ink Prints</u>							
Ink Paw Print: Yes No							
Paw Preference (Front, Back, Left, Right, etc.):							
Ink Nose Print: Yes No							
Hair/Fur Clipping							
Hair/Fur Clipping: Yes No Specification (Color, Location, etc.):							
Feathers (If Applicable): Yes No Specification (Color, Location, etc.):							
Items for Return							
Are there any items currently with your pet that you would like to have returned to you? Yes No (Blanket, Tub/Box, Collar, Toys, etc.)							
Receptacle (Section not applicable if communal cremation)							
Clinic Cremation Package (VET/CLINIC ONLY): Yes No							
Standard Receptacle (Green Velvet Bag - No Cost): Yes No							
Basic Urn Selection: Yes No Urn Name: Item #:							
Custom Urn: Yes No (Family must speak with APT staff to discuss customization process & tri-fold completion)							
Engraving/Wood Name Plate (Dependent upon urn selection) :							
<u>Merchandise</u>							
Memorial Tile/Coaster: Yes No (Contact APT staff for details & specifications)							

(Contact APT staff for details & specifications)

Professional Pet Painting/Portrait:

Yes

No