



A Paws in Time

Pet Cremation Services

PET CREMATION AUTHORIZATION/PET INTAKE

Name of Pet: _____ Type of Animal (*Circle one*): Dog Cat Other: _____

Age: _____ Breed: _____ Weight: _____ Sex (*Circle one*): Male Female

Date of Birth: _____ Date of Death: _____ Today's Date: _____

Owner Name/Point of Contact: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Pet Owner Phone # : _____ Email: _____

This Authorization Form is required to be completed and signed by the Pet Owner/Family (I/me) AND the Authorizing Agent prior to the final disposition of your pet. **CREMATION IS AN IRREVERSIBLE AND FINAL PROCESS.** It is important that you understand the cremation process and different options available prior to signing this. Please notify staff of any questions.

CREMATION PROCESS & OPTIONS

Cremation is performed to prepare the remains of the pet for final disposition. It is carried out by placing the pet's remains into the cremation chamber where they are subjected to intense heat. Depending on the cremation type, there may/may not be commingling, or mixing, of cremated remains. Commingling can be minimized with effective portioning, but it is impossible to assert that it can be eliminated entirely. Active commingling cannot, by definition, occur with a private cremation. However, minimal incidental commingling of minute particles may occur. When the cremated remains are removed from the cremation chamber, the skeletal remains often will contain recognizable bone fragments. Once those fragments are separated from the other material, they will be mechanically processed/reduced. These granulated particles of unidentifiable dimensions will then be placed into a designated container based on the type of cremation identified below (Private, Partitioned, or Communal).

_____ **PRIVATE CREMATION** is a cremation procedure during which only one animal's body is present in the cremation chamber during the cremation process.

_____ **COMMUNAL CREMATION** is a cremation procedure where multiple pets are cremated together without any form of separation. These commingled cremated remains are not returned to owners.

PAYMENT POLICY

Any bill totaling **\$350 or below** must be paid **in full at the time of pet drop-off or removal** from home. Any bill **over \$350** may be paid either **in full at drop-off/removal** or through an **approved 3-month payment plan** established with APT staff. Failure to comply with the payment terms will result in the balance being forwarded to collections if unpaid after **90 days**.

DISPOSITION OF CREMATED REMAINS

Following cremation, cremated remains shall only be released, delivered, mailed, or disposed of by APT staff in a dignified manner, in accordance with the law, and with expressed written consent of the Pet Owner/Family. If no arrangements for final disposition have been made within **90 days** after attempted contact by APT staff (via call, text, email, or other reasonable communication), APT staff may **dispose of the cremated remains in a dignified manner including scattering, regardless of the selected cremation type.** APT staff is not responsible for any distress incurred by the Pet Owner/Family due to scattering or submission to collections after the **90-day period**. All actions are final and acknowledged by the Pet Owner/Family's signature below.

RELEASE AND CERTIFICATION

I/We agree to release and indemnify the Veterinarian, the Authorizing Agent, the Crematory, their officers, directors, agents, and employees from any claim, liability, cost, or expense resulting from the reliance on or performance consistent with the directions, declarations, representations, authorizations, and agreements herein. I/We agree that the Veterinarian's, Authorizing Agent's, and Crematory's liability for negligent acts (of itself or its agents or employees) is limited to a refund of the cremation fees paid by me/us. I/We warrant that all representations and statements contained in this form are true and correct. I/We have read and understood all portions of this document.

This authorization for cremation and disposition was executed at Time: _____ Date: _____

Pet Owner/Family Name: _____ Signature: _____

Authorizing Agent/Staff Name: _____ Signature: _____

Disclaimers: 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. This intake form is the sole property of A Paws in Time Pet Cremation. It is an original document created to reflect our specific protocols, procedures, and business practices. Any use, reproduction, modification, or distribution of this document — in whole or in part — without the express written consent of APT is strictly prohibited.



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?: _____

Ink Prints

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*) : _____

Merchandise

Memorial Tile/Coaster: Yes No (*Contact APT staff for details & specifications*)

Professional Pet Painting/Portrait: Yes No (*Contact APT staff for details & specifications*)