



**WHISPERING WILLOW**  
PET FUNERAL & CREMATION SERVICES

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1004 Samuelson Road  
Rockford, IL 61109

**AUTHORIZATION TO CREMATE A COMPANION ANIMAL**

Pet Name: \_\_\_\_\_

Type of Pet: ☐ Dog ☐ Cat ☐ Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: ☐ M ☐ F Color: \_\_\_\_\_ \*Weight: \_\_\_\_\_  
\*All weights are subject to correction

DOD: \_\_\_\_\_ Age of Pet: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Veterinary Clinic: \_\_\_\_\_

**CREMATION PREFERENCE (please INITIAL your choice)**

\_\_\_\_\_ **Private Cremation** Pet is cremated individually and the cremated remains are returned in a transition urn with cremation certificate.

\_\_\_\_\_ **Semi-Private Cremation** At Whispering Willow we use the "Buddy System", where more than one pet will be in the cremation chamber, but they are separated to reduce comingling of remains. This is our most popular cremation option and our default.

\_\_\_\_\_ **Communal Cremation** Cremation process in which companion animals are cremated together without effective partitions or separation during the cremation process. I/We will NOT receive any cremated remains. The Crematory shall honorably scatter all cremated remains. I the undersigned hereby represent and warrant to Whispering Willow Pet Funeral Home & Cremation Services, that I am the legal owner of the deceased companion animal described herein, and as such have the right to dispose of said animal. I further authorize Whispering Willow Pet Funeral Home & Cremation Services to cremate the remains of said companion animal. I further agree to hold harmless Whispering Willow Pet Funeral Home & Cremation Services and the Veterinary Clinic named herein from any and all claims of any nature arising from said cremation and/or release of cremated remains. I further warrant and state that the companion animal named herein does not have rabies, has not bitten any human in the past ten days, or has not been exposed to any other animal with rabies in the past ten days. I also certify that my companion animal is safe to cremate and does not contain a pacemaker, radioactive implant or any other device that could be harmful to the retort.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Clay Paw Print:

\*DOCS IS  
INCLUDED\*

Yes

Tile Paw Print

Yes

Ink Paw Print

Yes

Cremains to be picked up at: ☐ Whispering Willow Pet Funeral & Cremation Services or ☐ Veterinary Clinic

Urn Selection (Item #): \_\_\_\_\_

Name Plate/Engraving Options:

Line 1 \_\_\_\_\_

Keepsake Urn Selection (Item #): \_\_\_\_\_

Line 2 \_\_\_\_\_

\*Contact us for more  
options of urns and  
keepsakes