Black Hawk Pet Crematory

Name of Pet_____ Date:_____

Type of Pet: Cat:_____ Dog:_____ Other:_____ Approximate weight:_____

Type of Cremation (Please Circle one) Private or Communal

Clay Paw Print (Please Circle one) Yes No

Clay Nose Print (Please Circle one) Yes No

Office Use
_____
_____
_____
_____
_____

Name of Owner:_____

(Please Print Clearly)

Address:_____

City, State, Zip:_____

Phone Number:_____

Cremation Authorization: The Pet owner hereby authorizes Black Hawk Pet Cremation Services and/or it's agents 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 full right and authority to arrange the cremation and the disposition of the cremated remains.

Signature of Owner or Legal Representative:_____

Date:_____