



www.stanleypetuary.com

1320 North Jefferson Street  
Dublin, GA 31021  
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**No. 6070**

Mailing Address:  
P.O. Box 1999  
Dublin, GA 31040

|           |                      |        |                      |               |                      |
|-----------|----------------------|--------|----------------------|---------------|----------------------|
| Date      | <input type="text"/> | Clinic | <input type="text"/> | Date of Death | <input type="text"/> |
| Pet Owner | <input type="text"/> |        |                      |               |                      |
| Address   | <input type="text"/> |        |                      |               |                      |
| City      | <input type="text"/> | State  | <input type="text"/> | Zip           | <input type="text"/> |
| Phone     | <input type="text"/> | Email  | <input type="text"/> |               |                      |
| Pet Name  | <input type="text"/> | Breed  | <input type="text"/> | Weight        | <input type="text"/> |

| Weight of Pet   | Group       | Individual Exclusive |       |
|-----------------|-------------|----------------------|-------|
| 1 to 10 lbs.    | \$40 (   )  | \$110                | \$160 |
| 11 to 35 lbs.   | \$45 (   )  | \$140                | \$190 |
| 36 to 59 lbs.   | \$55 (   )  | \$164                | \$214 |
| 60 to 100 lbs.  | \$85 (   )  | \$184                | \$234 |
| 101 to 120 lbs. | \$100 (   ) | \$204                | \$254 |
| 121 to 200 lbs. | \$110 (   ) | \$254                | \$304 |

Return Instructions

**Payment Options:**

- 1) Bill Clinic
- 2) Check Attached #
- 3) Debit / Credit Card Visa/Mastercard  
(circle one)

Card #

Exp. Date  3 digit code

|                            |                         |
|----------------------------|-------------------------|
| 1) Cremation Cost          | \$ <input type="text"/> |
| 2) Urn / Memorial Products | \$ <input type="text"/> |
|                            | \$ <input type="text"/> |
|                            | \$ <input type="text"/> |
| 3) Clay Paw Print          | \$ <input type="text"/> |
| 4) Sales Tax on Products   | \$ <input type="text"/> |
| 5) Transfer of Remains     | \$ <input type="text"/> |
| 6) Delivery of Urn         | \$ <input type="text"/> |
| 7) Removal                 | \$ <input type="text"/> |
| 8) Mail                    | \$ <input type="text"/> |
| 9) Extra Charges           | \$ <input type="text"/> |
| 10) <b>TOTAL</b>           | \$ <input type="text"/> |

Details:

I hereby certify that I am the owner of the above described pet. I hereby give Stanley Petuary my permission to cremate my pet, and shall not hold Stanley Petuary, its employees, or its agents liable. If cremains are not claimed within 90 days, I authorize the cremains be disposed of by any manner permitted by law.

Auth. Sig: X

Date

Petuary representative  
receiving deceased pet

Person receiving cremains

Date returned