



RIVER VALLEY PET CREMATION

FOREVER HONORING YOUR BELOVED COMPANIONS

1904 Vermillion Street Hastings, Minnesota 55033

office@rivervalleyvet.com 651-318-4020 www.rivervalleyvet.com

ID# _____

PACKAGE _____

Cremation Authorization Form

Date/Time Pet Was Received: _____

Date/Time Cremains Were Returned: _____

☐ Home ☐ Vet Clinic ☐ Delivered to RVPC

☐ Home ☐ Vet Clinic ☐ RVPC ☐ Call When Ready

Pet's Name: _____

Age: _____

Gender: Male/Female

Date of Birth: _____

Date of Death: _____

Type of Pet/Breed: _____

Color: _____

Pet Owner's Name(s): _____

Email: _____

Address: _____

Cell Phone: _____

Veterinarian, vet clinic, or hospital if applicable (name, address, phone)

Authorization: Cremation is an irreversible and final process. I represent that I have the right to authorize the cremation of this pet's remains and warrant that I am the owner or an agent of the owner.

Release and Certification: I agree to release and indemnify the crematory, 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 agree that the 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. I warrant that all representations and statements contained in this form are true and correct. I have read and understood this document.

Return: I understand I must pick up the ashes within 30 days. After such time, River Valley Pet Cremation reserves the right to dispose of the ashes in a dignified manner when no provisions have been made.

Pet Disclosure: I further represent and warrant that our pet has not bitten any person or other animal during the past (10) days, is not suffering from rabies, and has not been exposed to other animals suffering from rabies.

X _____ Signature of pet owner or authorized representative

Items to be cremated with pet: _____

Items to be returned to owner: _____

For office use only.

Payment: Cash _____ Check _____ CC _____ Vet Clinic _____

Urn Type _____ Font _____ Ordered _____