



**Pet Cremation - Authorization Form** Pet ID# \_\_\_\_\_

Date: \_\_\_\_\_ Pet Name: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Animal Type: Dog Cat Exotic Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
 Pet Owner: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Information: Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Package: \_\_\_\_\_  
 Urn: PR# \_\_\_\_\_  
 Memorial Products:  
 PR# \_\_\_\_\_  
 PR# \_\_\_\_\_  
 PR# \_\_\_\_\_

**PAW PRINT IMPRESSION**  
 Yes  No

**Urn Engraving**  
 \_\_\_ All Uppercase \_\_\_ Upper & Lower case  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Clip Art (Add'l chrg): \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_

**Memorial Product Engraving**  
 \_\_\_ All Uppercase \_\_\_ Upper & Lower case  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Clip Art (Add'l chrg): \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_

Engraving changes after product completion are the financial responsibility of the customer/clinic.

**Authorization to Cremate**

**RELEASE & WAIVER:** I authorize the attending clinic to handle the pet remains in accordance with my instructions and federal laws, and thereby release and forever discharge the attending clinic and Paws & Remember, together with their respective successors, officers, shareholders, directors, affiliates, agents, employees, and assigns from any and all claims, actions, damages, and demands of whatever kind of nature, known or unknown, which I have, had or may hereafter have arising from or related to the performances of the Disposition options as described herein. Paws & Remember will provide a private or partitioned cremation according to our code of ethics and operational guidelines, and cannot be responsible for, nor shall be asked to, return non-biological remains.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Clinic Use Only:**  
 Clinic Name: \_\_\_\_\_  
 Clinic Signature: \_\_\_\_\_  
 Paws & Remember Signature: \_\_\_\_\_  
 Pick Up Date: \_\_\_\_\_