



Lee Funeral Homes

Pet Crematorium

Lee Funeral Homes, Inc.
6633 Old Alexandria Ferry Road
Clinton, MD 20735
301-868-0900

Lee Funeral Homes Calvert, P.A.
8200 Jennifer Lane
Owings, MD 20736
301-855-0888

www.LeeFuneralHomes.com/pets

Michael W. Lee, CFSP, CCO, General Manager, Licensed Funeral Director

Pet Cremation Authorization Form

Pet ID #: _____

Name of Pet: _____ Type of Pet: Dog Cat Other: _____

Date of Birth: _____ Date of Death: _____ Breed: _____

Age: _____ Weight: _____ Gender: Male Female

Owner Name: _____

Address: _____

Phone: _____ Email: _____

Veterinarian Name: _____

Veterinarian Address: _____ Veterinarian Phone: _____

AUTHORIZATION:

(initial) The owner/authorizing agent hereby authorizes Lee Funeral Homes Pet Crematorium 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 the full right and authority to arrange the cremation and disposition of the cremated remains.

(initial) The undersigned acknowledges that due to the nature of the cremation process, any material on the remains of the pet, such as collars, tags, etc. will be destroyed if not removed. Accordingly, the undersigned understands it will either be destroyed or removed and disposed of by the Crematory.

SELECTION:

\$ _____ Private Cremation:
Includes: Tin Urn, Cremation Certificate and Ceramic Pawprint

\$ _____ Transportation Service

\$ _____ Urn Selection: _____

\$ _____ Keepsakes:
QTY: _____ Ink Paw Prints
QTY: _____ Fur Clippings
QTY: _____ Pawpals Keepsake
QTY: _____ Other: _____

Additional Information or Requests:

RELEASE

I/We agree to release and indemnify the Lee Funeral Homes Pet Crematorium, their officers, directors, agents and employees, from any claim, liability, cost or expense resulting from their reliance on or performance consistent with the directions, declarations, representations, authorizations and agreements herein. I/We agree that the Lee Funeral Homes Pet Crematorium liability for negligent acts (of itself or its agents or employees) is limited to a refund of the cremation fees paid by me/us. I/We warrant that all representations and statements contained in this form are true and correct. I/We have read and understand all pages of this document.

Owner/Authorizing Agent Name(s): _____

Signature(s): _____

Date: _____

BILLING & PAYMENT INFORMATION

Payment is due upon request for service. We will contact you when your pet's cremated remains are ready (within 3 days).

Total: _____ Date Paid: _____

____ Cash ____ Check (# _____) ____ Credit Card: VISA MASTERCARD DISCOVER

Credit Card Number: _____ Expiration Date: _____ CVV: _____

Name on Card: _____ Signature: _____

Billing Address: _____
