

Rec'd: _____ Date Cremated _____ Urn: Carved – Smooth – Other _____ ID Tag # _____

SARASOTA PET CREMATORY-- PET CREMATION AUTHORIZATION (Legal Document: Do Not Alter)

1410 Commerce Blvd., Suite "G", Sarasota, FL 34243 Phone: (941) 355-6000

Website: www.SarasotaPetCrematory.com Email: Pmyers@sarasotapetcrematory.com

PET OWNER INFORMATION (Please PRINT--All names will be included on Cremation Certificate)

NAME(S): _____

ADDRESS (please include Zip): _____

PHONE NO. _____ Texting OK Yes No EMAIL: _____

PET INFORMATION

PET NAME: _____ TYPE PET: Canine – Feline – Other: _____

WEIGHT: _____ DATE OF PASSING: _____ VET Clinic (if applicable): _____

_____ Paw Print _____ Plate Engraving _____ Decorative Urn ** Additional costs are associated with these services

TYPES OF CREMATIONS THAT MAY BE PERFORMED-Please check one desired

Private – Only one pet is placed in the cremation chamber and cremated alone. The cremated remains are then returned to the client or vet clinic. Cremated remains will be returned in a standard cremation urn together with stainless ID tag. Decorative urns and/or memorial jewelry are available for an additional charge and can be viewed on SPC website.

_____ Initials

Communal – Several pets are placed in the Cremation chamber with no means of separation or identification. This process allows for co-mingling of remains. No remains are returned to pet owner. Remains are scattered by the crematory personnel at a dignified place of their choice.

_____ Initials

Cremation Authorization/Release & Waiver: 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. If the material is present on the Pet's remains, the undersigned understands it will either be destroyed or removed and disposed of by the Crematory. The Owner and/or Legal Representative hereby authorizes Sarasota Pet Crematory to arrange for the cremation of the remains of the pet using the services of the Crematory. In providing this authorization, the undersigned represents that he or she is the Owner or the legal representative of the Owner and has the full right and authority to arrange the cremation and the disposition of the cremated remains. I authorize Sarasota Pet Crematory and/or the attending veterinarian to handle my pet's remains in accordance with my instructions set forth herein, and forever discharge Sarasota Pet Crematory and/or attending veterinarian, 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 had, have or may hereafter have arising from or related to the performance of the cremation. The undersigned certifies the accuracy of all info on this form and indemnifies and holds harmless the Crematory, its agents, employees and agents from any liability/ cost, expense or claim resulting from this authorization.

FEES of SPC

Cremation: \$ _____

Removal: \$ _____

Paw Print: \$ _____

Engraving: \$ _____

Urn: \$ _____

Other: \$ _____

I authorize release of the above deceased animal to Sarasota Pet Crematory for type of cremation checked above.

_____ OWNER and/or Legal Representative Signature Date

Cremated Remains Return: I understand I must pick up the ashes within 60 days after cremation. After such time, SPC reserves the right to dispose of the ashes in a dignified manner. _____ Initials

RECEIPT of Cremated Remains

_____ OWNER and/or Legal Representative Signature Date