

Rec'd: _____ Date Crm: _____ URN: RW TOL or 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 (All names will be reflected on Label)

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: _____ CLINIC NAME: _____

Paw Print _____ Engraving (wood or plate) _____ Jewelry _____ Special Urn _____

Notes: _____

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

Private – Only one pet is placed in the cremation chamber and pet is 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 the stainless ID tag.

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, Vet Clinic 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, Vet Clinic 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.

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

Cremation	\$ _____
PickUp Fee	\$ _____
Paw Print	\$ _____
Engraving	\$ _____
Urn	\$ _____
Jewelry	\$ _____
Viewing Appt.	\$ _____

OWNER/Vet Clinic/and or Legal Representative

Date

Cremated Remains Return: By signing above, pet owner understands they must pick up the ashes within 60 days after cremation date. After such time, SPC or Veterinary Clinic reserves the right to dispose of the ashes in a dignified manner.

RECEIPT of Cremated Remains (Receiving party for Pet)

OWNER/Vet Clinic and/or Legal Representative

Date