

Card: \_\_\_\_\_ Call \_\_\_\_\_ E-mail: \_\_\_\_\_ QB: \_\_\_\_\_

# ***Pets Remembered***

## **Private Cremation Authorization Form**

15 2<sup>nd</sup> Ave. SE  
New Brighton, MN 55112  
petsrememberedcremation.com

**Pet owner, Veterinary Clinic, Funeral Home calls *Pets Remembered* @ 651-633-4564.**

***Pets Remembered* will go directly to your clinic, funeral home, or residence to transfer your pet to our facility. We do not charge from clinic/hospital or funeral home in the MSP seven county metro.**

**All Cremations, regardless of size or weight are done 100% privately & the ashes can be picked up Within 24 to 48 hours of the cremation at the clinic, funeral home or *Pets Remembered*.**

Vet Clinic/Hospital/Funeral Home, if applicable (name, address, phone#):  	Date Received: Time: <input type="checkbox"/> Home <input type="checkbox"/> Vet/Clinic <input type="checkbox"/> Brought in to PR	Ashes Returned : Time: <input type="checkbox"/> Home <input type="checkbox"/> Vet/Clinic <input type="checkbox"/> Picked up at PR
--	--	---

Pet's Name: _____ Age: _____	Type of Pet/Breed _____	Color of pet: _____ Gender: _____
------------------------------	-------------------------	-----------------------------------

Pet owner's Name & other family members: _____	E-mail address (for newsletter): _____
--	--

Address: _____  
------------------------

Phone # (home & cell): _____  
--------------------------------------

**Authorization: Cremation is an irreversible and final process. I represent that I have the right to authorize the cremation of the 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, *Pets Remembered* 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 ten (10) days, is not suffering from Rabies, and has not been exposed to other animals suffering from Rabies.

\_\_\_\_\_ Signature of pet owner, or authorized representative

Payment: \_\_\_\_\_ Cash \_\_\_\_\_ Check  
\_\_\_\_\_ Amex \_\_\_\_\_ Visa \_\_\_\_\_ M/C \_\_\_\_\_ Disc

Credit Card #:  Expiration Date: _____ Security Code: _____
---