



PET AQUAMATION AUTHORIZATION (For Contracted Services)

Name of Pet: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Type of Pet: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Owner's Email Address: \_\_\_\_\_

**1. Aquamation Authorization:** The Owner or Legal Representative hereby authorizes Gentle Pet Crossing to arrange the aquamation of the remains of the Pet at their facility. In providing this authorization, the undersigned represents that he/she is the Owner or the Legal Representative of the Owner and has the full right and authority to arrange the aquamation and disposition of the remains.

**2. Aquamation Process:** The undersigned acknowledges that due to the nature of the aquamation 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 Gentle Pet Crossing.

**3. Type of aquamation:**                      Private aquamation                      No Remains Returned

4. Deliver the aquamated remains to: \_\_\_\_\_

Release the aquamated remains to: \_\_\_\_\_

*If not picked up within thirty (30) days of the date of aquamation, Gentle Pet Crossing may dispose of the aquamated remains in any lawful manner.*

Scatter the aquamated remains in any lawful manner

Other: \_\_\_\_\_

**Certification:** The undersigned certifies the accuracy of all information on this Authorization and will indemnify and hold harmless Gentle Pet Crossing, their owners, employer and agents from any liability, cost, expenses or claims resulting from this authorization and release thereon.

Signature of the Owner or the Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_