



PET AQUAMATION AUTHORIZATION (For Contracted Services)

Name of Pet: _____ Today's Date: _____ Date of Death: _____

Type of Pet & Breed: _____ Gender: _____ Age: _____

Weight: _____ Color: _____

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 (circle one): Private Aquamation No Remains Returned

4. Deliver the aquamated remains to (\$50-\$75 fee): _____

Release the aquamated remains to: _____

Mail aquamated remains to (\$27.10-\$75 USPS fee)

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.

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.

Owner or the Legal Representative: _____ Date: _____