



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. **Would you like a paw print (\$39)?**                      Yes                      No

5. **Deliver** the aquamated remains to (\$75 fee): \_\_\_\_\_

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

**Mail** aquamated remains to (\$27.10-\$100 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: \_\_\_\_\_



Gentle Pet Crossing servicing the **Treasure Coast to Miami-Dade**

Euthanasia Service performed by Doctor \_\_\_\_\_

**Pets Animal Clinic Information:**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

**Specialty Clinics or ER's recently Visited:**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_