

Print this form and take it to your Veterinarian at your time of need. To Print, use your print button on your browser.

## CREMATION AUTHORIZATION

The undersigned authorizes Good Shepherd, in accordance with and subject to Federal, State, and Good Shepherd rules and regulations, to cremate the remains of:

(Animal First Name) \_\_\_\_\_

(Family Last Name) \_\_\_\_\_

Dog   Cat   Other *who died on*

I am related to the deceased animal as:   owner,   DVM,   Other \_\_\_\_\_.

I have the right to authorize this cremation and the disposition of the cremated remains. I understand that due to the nature of the cremation process any valuable material will either be destroyed or not recoverable. Any personal possessions accordingly have been either removed or may be destroyed. I further agree that I will indemnify and hold harmless Good Shepherd, their officers, and employees from any liability, cost, expenses or claims resulting from this authorization and subsequent disposition.

*Signature of Relative or Legal Representative:*

\_\_\_\_\_

DATE: \_\_\_ / \_\_\_ / \_\_\_

*Witness:*

\_\_\_\_\_

DATE: \_\_\_ / \_\_\_ / \_\_\_

**ATTENDING D.V.M.** *(please print):* \_\_\_\_\_

**URN SELECTED:** \_\_\_\_\_

PICK -UP	<b>Cremaains Returned</b>	WEIGHT
Date:	<b>YES</b>	_____ lbs.
By:	<b>NO</b>	
Hospital or Clinic Stamp:		Ship To: <i>(if different from Hospital or Clinic)</i>