

East Texas Pet Crematory

550 S Doctor M Roper Pkwy
Bullard, TX 75757
P (903) 894-7777
F (903) 894-8953

PET CREMATION AUTHORIZATION

Name of Pet: _____ Date: _____

Breed: _____ Gender: _____ Weight: _____ lbs.

Name of Owner: _____ Phone: _____

Address: _____

Cremation Authorization

ID# _____

The owner hereby authorizes East Texas Pet Crematory to arrange the cremation of the remains of the Pet at their facility. In providing this authorization, the undersigned represents that he or she is the Owner or the legal representative of the Owner and has full right and authority to arrange the cremation and disposition of the cremated remains.

Cremation Process

The undersigned acknowledges that due to the nature of the cremation process, any material on the remains of the Pet, such as collars, tags, etc... will be destroyed if not removed. Accordingly, the undersigned has removed any such material or, if the material is present on the Pet's remains, the undersigned understands it will either be destroyed or removed and disposed of by the Crematory.

Type of Cremation

_____ Private Cremation

_____ Memorial Cremation

Disposition of Cremated Remains:

The undersigned directs the Crematory to take the following actions with regard to the cremated remains of the Pet.

_____ Hold the cremated remains until they are picked up by the owner. If not picked up within twenty one (21) days of the date of death, the Crematory may dispose of the cremated remains in any lawful manner.

_____ Deliver the cremated remains back to my veterinary clinic at:

Signature of Owner or Legal Representative: _____