



3711 Forest Lawn Drive * Matthews, NC 28104 * 704-846-0106*
www.mypeacefulpet.com

Cremation Authorization

The undersigned authorizes Peaceful Pets Funeral Service, in accordance with and subject to Federal, State, and Peaceful Pets rules and regulations, to cremate the remains of:

_____ (Animal's 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 Peaceful Pets Funeral Service, 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	Creains Returned	Weight
Date: By:	YES NO	_____ lbs.
Hospital or Clinic:	Ship To: (If different from Hospital or Clinic)	