



## **Private Cremation Authorization Form**

Pet owner or Veterinary Clinic calls Companions Forever at **320-253-0022** 

Companions Forever goes directly to your clinic or residence to transfer your pet to our facility.

We do not charge a transfer fee from pickup at local Vet Clinic/Pet Hospital, but there is a fee if picking up from residential home.

All Cremations, regardless of size or weight are done 100% privately, one-in-one-out & the ashes can be picked up within 1-2 business days of the cremation at Companions Forever Pet Cremation Service.

Vet Clinic / Pet Hospital, if applicable (name, address, phone #):		:	Date Received:		Ashes Returned:	
			Time:		Time:	
			O Home		O Home	
			O Vet / Clinic		O Vet / Clinic	
			O Brought in to CF		O Picked up at CF	
Pet's Name & Age:	Туре		Pet / Breed:		Color of Pet:  Gender: O Male O Female	
Pet Owner's Name & Other Family M	embers:					
Address:			Phone Number (Home & Cell):			
Authorization: This Authorization Form i AND FINAL PROCESS. It is important the understand the information provided in the right to authorize the cremation of the Release and Certification: I/We agree the the their reliance on or performance the Crematory's liability for negligent act representations and statements contained.	nat you understand the crer his Authorization Form, so we e Pet's remains and warrant o release and indemnify the e consistent with the direction is (of itself or its agents or en	mation process a ve will be pleased that I/we are the e Crematory, age ns, declarations, mployees) is limit	nd different options avail to answer any questions Owner or an Agent of the nts and employees, from representations, authorized to a refund of the crem	lable prior to s you may have e Owner. any claim, lia ations and agreation fees pa	resigning it. We want you to fully be. I/We represent that I/We have ability, cost or expense resulting reements herein. I/We agree that id by me/us. I/We warrant that all	
Return: I understand I must pick up the a manner when no provisions have been r		such time, Comp	anions Forever reserves t	the right to di	spose of the ashes in a dignified	
Pet Disclosure: I/We further represent ar Rabies, and has not been exposed to oth			person or other animal du	ring the past t	ten (10) days, is not suffering from	
Signature of Pet Owner, or Authorized Re	epresentative	_				
Payment: Cash Check	Card: Amex Visa	☐ M/C ☐	Discover			
	Card #:		Expiration Dat	e:	Security Code:	