

Companions Forever, Inc.

Pet Cremation Services

Morrison, Tennessee
931-815-8550

Cremation Authorization

Pet Owner's Name: _____ Pet Name: _____

Pet Owner's Telephone: _____ Cell Phone: _____

Pet Owner's Address: _____

Pet Owner's City, State, Zip: _____

Veterinary Clinic Name: _____

Pet Weight _____ Date of death ___/___/20___ PET ID DISC #: _____ (Companions Forever use only)

Dog _____ Cat _____ Other _____

CREMATION TYPE:

Individual (Premium) _____ Individual (Basic) _____ Communal Cremation _____
(No return of remains)

Add dates to nameplate (additional \$5.00): _____ - _____ - _____ to _____ - _____ - _____

Special Instructions: _____

Price: \$ _____ Method of payment: Cash _____ Check _____ Credit Card _____ (add \$5.00)

Credit Card type: MasterCard _____ Visa _____ AMEX _____ Discover _____

Credit card #: _____ Exp: _____ CVV: _____ Billing zip code: _____

Name as it appears on card: _____

I certify that I am the owner (or have the right to represent the owner) and authorize this cremation and 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 Companions Forever, Inc., their officers, and employees from any liability, cost, expenses or claims resulting from this authorization and subsequent disposition. Companions Forever, Inc. takes no responsibility for cremated remains for the care of which no permanent provision is made within a period of 30 days from collection date, and it is a part of the terms of this authorization that Companions Forever, Inc., may dispose of cremated remains by any means or method, as and when convenient if not claimed within the 30 day period.

Signature of Legal Representative:

X _____

Date: _____