



**Authorization Form**

Owner's Name

Address  City  State  Zip

Preferred Phone  Email

Pet's Name  Type of Pet/Breed

Gender  Age  Color  Weight

Vet Clinic/Hospital Name

Additional Instructions

**Authorization:** Cremation is an irreversible and final process. I represent that I have the right to authorize the cremation of the Pet's remains and warrant that I am the Owner or an Agent of the Owner.

**Return:** I understand that I must pick up the ashes within 30 days. After such time, *Luthers Central Pet Cremation LLC* ("Central Pet") reserves the right to dispose of the ashes.

**Pet Disclosure:** I further represent and warrant that our pet has not bitten any person or other animal during the past ten (10) days, is not suffering from Rabies, and has not been exposed to other animals suffering from Rabies.

I want my pet's ashes returned       I would like Central Pet to dispose of my pet's ashes

**Release and Certification:** I agree to release and indemnify Central Pet and its agents and employees from any claim, liability, cost or expense resulting from the reliance on or performance consistent with the directions, declarations, representations, authorizations and agreements herein. I agree that Central Pet and its agents' and employees' liability is limited to a refund of the cremation fees paid by me. I warrant that all representations and statements contained in this form are true and correct. I have read and understood this document.

Print Name

Signature of pet owner, or authorized representative

**Payment**

Cash     Check  
 Credit Card (Visa or Mastercard)

Credit Card #:

Expiration Date:       Security Code:

**Office Use Only**

Received by \_\_\_\_\_ Date      Central Pet     Vet     Home      Pet ID tag

Returned by \_\_\_\_\_ Date      Central Pet     Vet     Home

Total \_\_\_\_\_ Dep. \_\_\_\_\_