



Kindred Spirits Pet Services
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Authorization for Communal Aquamation

Pet Name: _____ Breed: _____ Sex: F / SF M / NM
Color: _____ Weight: _____ lbs Age: _____ Date of Passing: _____
Owner Name: _____ Phone: _____
Address: _____ Email: _____

AQUAMATION AUTHORIZATION AND RELEASE

I certify that I am the owner/legal representative of the above-named pet. I authorize Kindred Spirits Pet Services full authority to perform aquamation services for this pet. Fees for aquamation services and additional memorial items have been explained to me and will be paid to Kindred Spirits Pet Services by the owner/legal representative. I forever release and hold harmless Kindred Spirits Pet Services from any and all liability, cost or expense resulting from their reliance on the information provided herein. I agree that Kindred Spirits Pet Services liability for negligent acts of itself or its staff is limited to a refund of the aquamation fees paid by me. All memorials must be picked up within 3 months of service or will be considered unclaimed and abandoned. Unclaimed memorials will be discarded and no refunds will be provided. I warrant that all representations and statements contained in this form are true and I have read and understand this document.

Signature: _____ Date: _____

AQUAMATION SERVICE SELECTION

Communal Aquamation: I will **NOT** receive my pet's remains

ADDITIONAL MEMORIAL SELECTION: Indicate the number of each individual memorial item you are requesting:

extra clay paw print ink on canvas ink on cardstock fur clipping suncatcher ornament
 I will **NOT** receive any additional memorials

** OFFICE USE ONLY **

Date Body Received: _____ Actual Weight: _____ lbs Card: _____ All Memorials Completed: _____
Aquamation: _____ Drying: _____ Aqua RR: _____ Drying RR: _____
Processing: _____ Communal remains scattered: _____