



MANCHESTER & CHESHIRE
PET CREMATORIUM



Owners details Date of Cremation _____

First name: _____ Last name: _____

Address: _____ Postcode: _____

Home no. _____ Mobile no. _____

Pets Details:

First name: _____ Collar in casket ___ Yes ___ No ___ circle where appropriate

Male/Female Colour: _____ Species: _____

Weight: _____ Breed: _____ Metal Pins or Plates to remove _____

Cause of death: _____ Vets: _____

For use of crematorium operator - Collection/Drop off:

Location of collection _____ Date/Time: _____

Location of drop off: _____ Date/Time: _____

Circle & Add Price:

Small pet	Cat	Small dog	Medium dog	Large dog	Extra large dog
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extras	
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I give the pet crematorium permission to complete my pets service/ memorabilia to include clippings and prints .

Signed _____ Date _____

Total cost: _____