

Date: \_\_\_\_\_

# RELEASE FORM

TAG # \_\_\_\_\_



## Gentle Goodbyes Pet Aquamation Inc.

1504 Max Hooks Road Suite B • Groveland, FL 34736  
352-432-9924 • Info@GentleAqua.com  
www.GentleAqua.com

### PET OWNER INFORMATION

Pet Name:			Date of Loss:		
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____	Age:	Breed:	Weight:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Owner Last Name:			First:		
Address:					
City:		State:	Zip:		
Cell:		Email:			

### AQUAMATION SERVICE SELECTION

*\*Please initial your request below*

\_\_\_\_\_ \*Individual Aquamation; We shall receive my pet's ashes

\_\_\_\_\_ \*Communal Aquamation; We will **NOT** receive any ashes.

### CHARGE DESCRIPTION

### TOTAL

Aquamation Price:	
Urn:	
Memorial Items:	
Engraving:	
Transportation Fees:	
After Hour/Holiday/Misc.:	
	Subtotal:
	Tax:
	<b>Total:</b>

### Aquamation Authorization and Release

Updated: May 1,, 2019

By submitting this request and agreeing to the Aquamation Authorization, I authorize Gentle Goodbyes Pet Aquamation, Inc. to contact me via phone, text, email, or other contact media as necessary to complete aftercare arrangements and services for my pet and contact my veterinarian on my behalf.

I certify that I am the owner/legal representative of the pet described in the form submission.

I give permission to authorize the process of Aquamation and disposition of Aquamated remains.

I understand that due to the nature of this process, any valuable material may either be destroyed or not recoverable.

I agree to release and indemnify Gentle Goodbyes Pet Aquamation Inc. , their officers, directors, agents, and employees, from any claim, liability, cost or expense resulting from their reliance on or performance consistent with the directions, declarations, representations, authorizations, and agreements herein.

I agree that Gentle Goodbyes Pet Aquamation Inc. liability for negligent acts (of itself or its agents or employees) is limited to a refund of the Aquamation fees paid by me.

I warrant that all representations and statements contained in this form are true and correct. This document is subject to change without warning.

I have read and understood this document.

*Print:*

Owner/Legal Representative \_\_\_\_\_

*Sign:*

Owner/Legal Representative \_\_\_\_\_

Date \_\_\_\_\_