Saginaw Valley Pet Cremations
1617 Lewis St. Bay City, MI 48706
Ph. 989-686-6881

Cremation Authorization

Pet Owner(S)_____ Phone_____

Address_____ City _____

Animal's Name_____ Type of Animal _____

Weight _____ Agent/Funeral Home: Secure Removal Services

Additional Information: _____

_____

I, the undersigned, do certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I herby request / authorize Saginaw Valley Pet Cremations to cremate the aforementioned animal. I hereby release Saginaw Valley Pet Cremations, their agents and/or representatives from any and all liability resulting from cremation of said animal.

I ALSO CERTIFY THAT THE SAID ANIMAL HAS NOT BITTEN ANY PERSON DURING THE LAST FIFTEEN (15) DAYS, AND TO THE BEST OF MY KNOWLEDGE HAS NOT BEEN EXPOSED TO RABIES.

I understand that cremation is irreversible and that modifications to this agreement are not possible once executed

Signature_____ Date_____

Pet was Picked up by

Printed_____ Date_____

Signature _____