Aquamation Request Form

PET PARENT INFORMATION

First and Last Name:

Email Address:

Phone Number:

Preferred Method of Contact: ○ Phone ○ Email ○ Text Message

Home Address:

PET INFORMATION

Pet Name:

Year Born:

Pet Gender: ○ Male ○ Female

Pet Type: ○ Dog ○ Cat ○ Other:

Weight: ○ KG ○ LBS

SERVICE INFORMATION

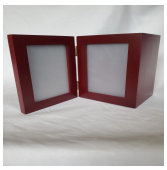
Service Package: ○ Communal Aquamation

○ Private Aquamation

○ Forever Package Include: ☐ Ink Paw Print ☐ Fur Clipping

Urn Selection for Forever Package:

○ Black Frame



○ Red Wood

○ Tree Frame

LOGISTICS

Pickup: ○ At Clinic ○ Drop-Off at Rebirth ○ Home Address

Delivery: ○ Return to Clinic ○ Pickup at Rebirth

(Complete only if At Clinic or Return to Clinic is selected)

Clinic Name:

Clinic Address:

1. Clinic must be the same if selected for both Pickup and Delivery.

2. Drop-Off and Pickup from Rebirth are by appointment only.

SPECIAL INSTRUCTIONS AND/OR REQUESTS

IMPORTANT: ORDER MUST BE PAID IN FULL BEFORE PICKUP