



AQUAMATION REQUEST & RELEASE FORM

PET & OWNER INFORMATION

Pet Name: _____ Date of Passing: _____ ID #: _____
 Dog Cat Other: _____ Male Female Weight: _____ lbs
 Breed: _____ Color: _____ Age: _____
 Owner Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 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 and complete 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. I warrant that all representations and statements contained in this form are true and I have read and understand this document.

Print: _____ Sign: _____ Date: _____
Owner/Legal Representative

AQUAMATION SERVICE SELECTION

_____ Individual Aquamation: I wish to receive my pet's remains & select the package below.
 (initial) ** All individual packages include a Clay Paw Print Photo Display
 Bamboo Urn Velvet Bag Brass Urn
 Add Personalized Engraving for the Bamboo or Brass urns: see engraving form

_____ Communal Aquamation: I will **NOT** receive my pet's remains
 (initial)

ADDITIONAL MEMORIAL SELECTION

_____ No additional memorials
 (initial)

Or, indicate the number of each individual memorial item you are requesting.

Ink Paw Print _____ Fur Clipping _____ Additional Clay Paw Print _____
 Suncatcher _____ Ornament _____

CERTIFICATION OF RETURNED REMAINS/MEMORIALS

The pet remains, memorials, and tracking disc returned match this form and the tracking ID #.

Sign: _____ Date: _____

Owner/Legal Representative or Veterinary Clinic Agent

NOTF__ CUST__ INVC__ PYMT__ BKDP__ QBDP__ PRNT__ DATA__