

## **AQUAMATION REQUEST & RELEASE FORM**

PET & OWNER INFORMATION							
Pet Name:			Date of Passing:		ID #:	ID #:	
Dog	Cat	Other:	_ Male	Female	Weight:	lbs	
Breed:			_ Color:		Age:		
Owner Name: Phone:							
Address: _							
City: State: Zip Code:							
AQUAMATION AUTHORIZATION AND RELEASE							
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:		D	ate:	
Owner/Legal Representative							
AQUAMATION SERVICE SELECTION							
In (initial)	** All :	individual packa mboo Urn	ges include a Velvet	Clay Paw Pri Bag	mains & select the note of the		
Communal Aquamation: I will <b>NOT</b> receive my pet's remains (initial)							
ADDITIONAL MEMORIAL SELECTION							
N (initial)	Ult	<u>-</u>	nber of each i	•	ing, Ink Paw Print & morial item you are Additional Clay Pa	e requesting.	
CERTIFICATION OF <u>RETURNED</u> 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	QBDPPRN	T DATA	