

Kindred Spirits Pet Services

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Authorization for Individual Aquamation

Pet Name:	Breed:		Sex: F/SF M/NM		
Color:	Weight:	lbs Age	: Date of Passi	ng:	
Owner Name:		F	Phone:		
Address:	ess: Email:				
AQUAMATION AUTHOR	RIZATION AND RELEAS	E			
aquamation services for t Kindred Spirits Pet Servic liability, cost or expense a negligent acts of itself or months of service or will discarded, unclaimed urn	this pet. Fees for aquama ces by the owner/legal rep resulting from their reliand its staff is limited to a refu be considered unclaimed	ation services and ad presentative. I foreve se on the information and of the aquamation and abandoned. Un sadvantaged pet ow	er release and hold harmless Kind provided herein. I agree that Kin n fees paid by me. All remains an claimed remains will be respectfu ners, and no refunds will be provi	Services full authority to perform n explained to me and will be paid to red Spirits Pet Services from any and all dred Spirits Pet Services liability for d memorials must be picked up within 3 lly scattered, unclaimed memorials will be ded. I warrant that all representations and	
Signature:		Date:			
AQUAMATION SERVICE	E SELECTION	Trackin	g ID#:		
X Individual Aquamat	tion: I wish to receive my p	pet's remains & selec	t the package below:		
Velvet Bag	Acacia UrnBai	mboo UrnBras	ss UrnMini Keepsake	_Heart Keepsake	
I wish to add	personalized engraving (see engraving form)	- excludes Velvet Bag & Acacia U	lm	
ADDITIONAL MEMORIA	AL SELECTION: Indicate	the number of each	individual memorial item you are	requesting:	
extra clay pav	w printink on canvas	sink on cardsto	ockfur clippingsuncat	cherornament	
velvet bag	acacia urnbam	boo urnbrass	urnmini keepsakeh	eart keepsake	
I will NOT receive a	any additional memorials				
** OFFICE USE ONLY **	Date Body F	Received:	Actual Weight:	_lbs	
Clay paw print: home/offi	ceFur	Clipping:	All Memorials Completed:		
Aquamation:	Drying:	Aqua RR:	Drying RR:	Processing:	
Packaging:	Urn Size:	Batching:	Contacted Owner	:	
CERTIFICATION OF RE	TURNED REMAINS				
I have received the rema	ins of	·			
Owner/ Representative:			Date:		