

Date: _____

VET OFFICE RELEASE FORM

Tracker ID # _____

**HEAVENLY PAWS
PET AQUAMATION**

The Gentle & Eco-Friendly Alternative To Cremation

3040 Business Park Drive, Suite E • Norcross, GA 30071
678-995-9520 • HeavenlyPawsAtlanta@gmail.com
HeavenlyPawsAtlanta.com/vet-services

Vet Hospital: _____

Vet Contact Person: _____

Phone #: _____

Address: _____

City: _____, GA Zip: _____

PET OWNER INFORMATION

Pet Name:			Date of Loss:		
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____	Age:	Breed:	Weight:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Owner Last Name:		First:			
Address:					
City:		State:	Zip:		
Cell:	Email:				

AQUAMATION SERVICE SELECTION**Please initial your request below*

_____ *Individual Aquamation; We shall receive my pet's ashes

Package Selection: Basic Package Standard Package Cuddle Package Remembrance Package Heirloom Package_____ *Communal Aquamation; We will **NOT** receive any ashes.**MEMORIAL ITEM SELECTION**

Please indicate quantity and type of additional memorial items requested. The selection(s) below will be in addition to items included in the preferred package and unavailable after an Aquamation is performed.

_____ Ink Paw Print _____ Classic Clay Paw Print _____ Framed Clay Paw Print _____ Fur Clipping (if possible)

CHARGE DESCRIPTION**TOTAL**

Aquamation Price:	
Urn:	
Memorial Items:	
Engraving:	
Transportation Fees:	
After Hour/Holiday/Misc.:	
	Subtotal:
	Tax:
	Total:
HPPA Only:	

AQUAMATION AUTHORIZATION & RELEASE

This Authorization Form is required to be completed and signed prior to the final disposition of the pet described above. I certify that I am the owner/ legal representative of the deceased pet. I give permission to authorize the process of aquamation and deposition of aquamated remains. I understand that due to the nature of this process, any valuable material will either be destroyed or not recoverable. I agree to release and indemnify Heavenly Paws Pet Aquamation, their officers, directors, agents and employees, from any claim, liability, cost or expense resulting from their reliance on or performance consistent with the directions, declarations, representations, authorizations and agreements herein. I agree that Heavenly Paws Pet Aquamation liability for negligent acts (of itself or its agents or employees) 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 correct. I have read and understood this document.

Print:

Owner/Legal Representative _____

Sign:

Owner/Legal Representative _____

Date _____

Deceased and/or Memorial Items Returned from Heavenly Paws Care (may not apply to some services)

Sign:

Owner/Legal Representative _____

Date _____