

Date: \_\_\_\_\_

# VET OFFICE RELEASE FORM

Tracker ID # \_\_\_\_\_



## Heavenly Paws PET AQUAMATION

**WHERE PETS FIND PEACE**

6990 Peachtree Industrial Boulevard, Suite J

Peachtree Corners, GA 30071

678-995-9520 | Fax 470-777-2543

Info@HeavenlyPawsAtlanta.com | HeavenlyPawsAtlanta.com

Vet Hospital: \_\_\_\_\_  
 Vet Contact Person: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PET/OWNER INFORMATION

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

### AQUAMATION SERVICE

*\*Please initial your request below*

#### Individual Aquamation Service

Ashes are returned. Includes biodegradable urn, Ink Paw Print, & Clipping of fur (if possible)

Substitute Biodegradable Ash Liner

#### Communal Aquamation Service

Ashes will **not** be returned. Paw prints and select memorial items available upon request

Special Instructions (e.g. viewing request, save collar, etc.):

### ADDITIONAL MEMORIAL ITEMS

Please indicate quantity of each:

\_\_\_\_\_ Ink Paw Print    \_\_\_\_\_ Classic Clay Paw Print    \_\_\_\_\_ Fur Clipping  
 \_\_\_\_\_ Framed Ink Paw Print    \_\_\_\_\_ Framed Clay Paw Print

Please list any Urns or Custom Memorials not included in service

Item Name or SKU: \_\_\_\_\_  
 Item Name or SKU: \_\_\_\_\_

### AQUAMATION AUTHORIZATION & RELEASE

This Authorization Form is required to be completed and signed prior to 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, Inc., 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, representation, authorizations, and agreements herein. I agree that Heavenly Paws Pet Aquamation, Inc.'s 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. If "Digital Signature on File" box below is checked, Owner/Legal Representative has agreed to Aquamation Authorization & Release digitally. A signature below by Vet Hospital (outlined above) Representative indicates remains of pet described above have transitioned from Vet Hospital to Heavenly Paws Pet Aquamation, Inc. Please note: Heavenly Paws Pet Aquamation is not responsible for items left with pet.

Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_  
 Owner/Legal Representative/Vet Hospital                      Owner/Legal Representative/Vet Hospital

Digital Signature on File

### CHARGE DESCRIPTION (OFFICE USE)

### TOTAL

Aquamation Price:	\$
Urn:	\$
Add'l Mems: _____ x IPP    _____ x CCPP    _____ x FIPP    _____ x FCPP    _____ x FC	\$
Memorial Items:	\$
Transportation Fees:	\$
After Hours/Holiday/Misc.:	\$
Engraving:	\$
L1: _____ L3: _____ Subtotal	\$
L2: _____ L4: _____ Tax:	\$
<b>TOTAL</b>	<b>\$</b>

HPPA Only:

PMT: \_\_\_\_\_  Paid

HPPA  Vet  Home  Ship

I V B M T W R O

R:

Ashes and/or Memorial Items Returned from Heavenly Paws' Care (may not apply to all services)

Return Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Owner/Legal Representative/Vet Hospital



*Thank you for the opportunity to help  
your pet find peace*