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Pet Release and Authorization for Final Disposition

Today's Date: _____ Date of Death: _____ Cause of Death: _____

Name of Pet: _____ DOG CAT OTHER _____

Male / Female Age: _____ Breed: _____ Weight: _____

Bringing pet in: Yes / No When: _____ Removal: Yes / No When: _____

Pet Parent / Owner Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

Vet Clinic / Hospital Information

Name: _____

- Pet Bed Returned** Description _____
- Blanket Returned** Description _____

RELEASE AND CERTIFICATION

I/We agree to release and indemnify the Veterinarian, the Funeral Home, the Crematory, 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/We agree that the Veterinarian, Funeral Home and Crematory's liability for negligent acts (of itself or its agents or employees) is limited to a refund of the cremation fees paid by me/us. I/We warrant that all representations and statements contained in this form are true and correct. I/We have read and understand all pages of this document.

AUTHORIZATION

This Authorization Form is required to be completed and signed prior to the final disposition of your pet. CREMATION IS AN IRREVERSIBLE AND FINAL PROCESS. It is important that you understand the cremation process and different options available prior to signing it. We want you to fully understand the information provided in this Authorization Form, so we will be pleased to answer any questions you may have. I/We represent that I/We have the right to authorize the cremation of the Pet's remains and warrant that I/We are the Owner or an Agent of the Owner ("Authorizing Agent"). I/We have read and initialed all required Pet Disclosures. I/We have read and understand the description of the different available cremation processes including the final disposition/return of cremated remains; by initialing below, I/We authorize the following:

- _____ *Burial of my pet without cremation
- _____ *Casket my pet / or hold my pet in cold storage until _____
- _____ *Private Cremation; I/We shall receive my pet's cremated remains.
- _____ *We will not receive any cremated remains.

This authorization for cremation and disposition was executed at _____, this _____ day of _____ 20____

Authorizing CTP Agent: _____ Signature _____

