

## BURIAL OR CREMATION SERVICE AUTHORIZATION

As the owner or duly authorized agent of the owner for the above named animal, I hereby consent for the veterinarian to dispose of the animal's remains in accordance with hospital policy.

To the best of my knowledge and belief, this animal has not bitten any person during the fifteen (15) days preceding the death of this pet. \_\_\_\_\_ (Initials)

Signature of owner: \_\_\_\_\_ Date: \_\_\_\_\_

Burial \_\_\_\_\_

Cremation \_\_\_\_\_ (No Ashes)

Private Cremation \_\_\_\_\_ (Ashes Returned)

Clay Paw Print \_\_\_\_\_

Hospital Use Only:

Staff Initials: \_\_\_\_\_

Verify Driver's license: \_\_\_\_\_

Card: \_\_\_\_\_