

RELEASE FORM

Name of Hospital or Clinic

Pet Companion's Guardian Name

Pet Companion's Name

Breed

Color

Age

Weight

D.O.D.

The above named guardian hereby authorizes the above named hospital/clinic to proceed with the following initialed option for the final disposition of his/her beloved pet companion.

Please Initial:

_____ Communal Cremation
(No cremains returned)

_____ Private Cremation
(Return of cremains)

_____ Burial Services
(I have contacted Pet Heaven
Memorial Park for Interment)

_____ Hold Remains
(I will contact hospital/
clinic by _____)

_____ I choose to take my pet
companion's remains with me

Hospital / Clinic Authorized

Date

Pet Companion's Guardian