

# RELEASE FORM

\_\_\_\_\_  
Name of Hospital or Clinic

\_\_\_\_\_  
Name of Pet Parent

\_\_\_\_\_  
Pet Companion's Name

\_\_\_\_\_  
Breed

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Age

\_\_\_\_\_  
Weight

\_\_\_\_\_  
D.O.D.

\_\_\_\_\_  
D.O.B.

The above named pet parent 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 Parent