

CREMATION CERTIFICATE

Date: _____

Owner: _____

Street: _____

City: _____

Phone: _____

Name: _____

Breed: _____

Sex: _____

Age: _____

Color: _____

CREMATION CONSENT FORM

I hereby consent to, and allow Kingston Road Animal Hospital to humanely and appropriately take care of _____'s body. I understand that _____ has passed on due to unforeseen and/or natural circumstances. To the best of my knowledge and belief, _____ has not bitten any person during the fifteen days preeceding this date.

Signed: _____

Owner or Agent acting on Owner's authority

I request to have _____'s remains cremated. (Group Cremation - Ashes not returned)

I request to have _____'s remains be PRIVATELY cremated and to have the ashes RETURNED to me. I agree to pick up _____'s ashes no later than 4wks after being notified they are available at Kingston Road Animal Hospital. If <animal>'s ashes are not claimed by this time, I am aware that they will be returned to the company for burial in their certified pet cemetery.

For Office Use Only:

Ashes returned to Kingston Road Animal Hospital _____ (Ashes NOT claimed) date of return to CVS _____