



540-265-7297 | 540-265-1161 Fax
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www.oakeypetloss.com

AUTHORIZATION TO CREMATE A COMPANION ANIMAL

Pet Name: _____

Type of Pet: Dog Cat Other: _____

Breed: _____ Sex: M F Color: _____ Weight: _____

DOD: _____ Age of Pet: _____

Name of Owner: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Veterinary Clinic: _____

CREMATION PREFERENCE (please INITIAL your choice)

- _____ **Private Cremation.** Pet is cremated individually and the cremated remains are returned in a white temporary urn with cremation certificate, ink print, and lock of fur.
- _____ **Other.** Cremated remains are not returned. Service is available through private contracts with veterinary clinics.

I the undersigned hereby represent and warrant to Oakey's Pet Funeral Home & Crematory, that I am the legal owner of the deceased companion animal described herein, and as such have the right to dispose of said animal. I further authorize Oakey's Pet Funeral Home & Crematory to cremate the remains of said companion animal. I further agree to hold harmless Oakey's Pet Funeral Home & Crematory and the Veterinary Clinic named herein from any and all claims of any nature arising from said cremation and/or release of cremated remains. I further warrant and state that the animal named herein does not have rabies, has not bitten any human in the past ten days, or has not been exposed to any other animal with rabies in the past ten days.

Signed: _____ Print Name: _____

Date: _____

Clay Paw Print: Yes No

Color preference for: Heart _____ Ribbon _____

Remains to be picked up at: Oakey's Pet Funeral Home & Crematory **OR** Veterinary Clinic