



PET CREMATION AUTHORIZATION

830 North Limestone Street, Springfield, Ohio 45503
(937) 323-6439 • www.littletonandrue.com

OFFICE USE
Date _____
Case No. _____

PLEASE PRINT CLEARLY

Name of Pet: _____ Date of Death: _____
 Veterinary Clinic Name: _____ Nameplate Engraving: _____
 Type of Pet: _____ Pet Weight: _____
 Name of Owner: _____ Phone: _____
 Address: _____ City: _____ Zip: _____
 Name of Crematory: Littleton & Rue Crematory Operator: _____
 Container Type: _____ Urn Description: _____

- Cremation Authorization:** The Owner hereby authorizes Littleton & Rue Pet Crematory to arrange the cremation of the remains of the Pet. In providing this authorization, the undersigned represents that he or she is the Owner or the legal representative of the Owner and has the full right and authority to arrange the cremation and the disposition of the cremated remains.
- Cremation Process:** The undersigned acknowledges that due to the nature of the cremation process, any material on the remains of the Pet, such as collars, tags, etc., will be destroyed if not removed. Accordingly, the undersigned has removed any such material or, if the material is present on the Pet's remains, the undersigned understands it will either be destroyed or removed and disposed of by the crematory.

(Initial)

- Payment of Services:** The undersigned accepts responsibility for payment of pet cremation services.
- Certification:** The undersigned certifies the accuracy of all information on this Authorization and will indemnify and hold harmless Funeral Home and Crematory, their owners, employer and agents, from any liability, cost, expenses or claims resulting from the Authorization and release thereon.
- Disposition of Cremated Remains:** The undersigned directs Littleton & Rue Crematory to take the following actions with regard to the cremated remains of the Pet:

Hold the cremated remains until they are picked up by the Owner. If not picked up within sixty (60) days of the date of death, Littleton & Rue Crematory may dispose of the cremated remains in any lawful manner.

Return the cremated remains to the Veterinarian. **Date Returned to Veterinarian:** _____

Deliver the cremated remains by certified mail (\$50) to: _____

Other: _____

6. **Signature of Owner or Legal Representative:** _____ **Date:** _____

Cremation Fee \$ _____
 Transfer Fee \$ _____
 Urn Cost \$ _____
 Total \$ _____

Amount Paid \$ _____	Payment Method
Balance Due \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
	<input type="checkbox"/> Credit Card MC/Visa/Amex
	# _____
	Expiration Date: _____ CV Code: _____

Payment due at the time of arrangements.

Date and Time taken into our care: _____

Owner Notified:

Date: _____ Time: _____ By: _____
 Date: _____ Time: _____ By: _____
 Date: _____ Time: _____ By: _____

Signature of Owner Receiving Urn: _____ **Date:** _____