

# SECURE ID & CREMATION AUTHORIZATION FORM

7507-B State Route 5, Little Falls, NY 13365 • 315.743.0218 • mohawkvalley.ny.petpassages.com



**Pet ID#** \_\_\_\_\_ Please read the terms and conditions (reverse side of this document) before completing and signing this document. **Pet Passages®** uses the exclusive **SecurePassages™** pet tracking system. From the time of the initial transfer of your pet into our care, we will attach our pre-numbered **SecurePassages™** pet tracking disk to your pet. When you receive your pet's urn, the same tracking disk will be attached ensuring you the peace of mind that you have received your pet's cremated remains.

## STEP 1: Owner/Pet Information

Owner/Authorizing Agent: \_\_\_\_\_ Pet's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Species: (Circle One) Dog Cat Other: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: (Circle One) Male Female  
Breed: \_\_\_\_\_ Date of Passing: \_\_\_\_\_  
Veterinary Hospital: \_\_\_\_\_

## STEP 2: Release & Authorization To Perform Euthanasia

As owner, or duly authorized agent of the owner of the animal described above, I hereby consent to, and order, euthanasia to be performed on same; and I release all parties from any and all liability for said action. To the best of my knowledge and belief, this animal has not bitten any person or animal during the ten days preceding this date and has not been exposed to rabies.

Owner/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

## STEP 3: Private Viewing and Witness of Cremation

**Pet Passages®** has an appropriate "pet friendly" facility for the pet owner and family (both human and pet) to see their pet companion and say their final good-byes prior to the cremation. If the family desires, they can also be present for the cremation process. Our facility for saying goodbye and our crematory is located at 7507-B State Route 5, Little Falls, NY 13365. Please indicate below your desire to either see your pet prior to cremation or be present for the cremation. We will contact you to schedule.

Opportunity to Say Goodbye (circle one) YES NO In-Person Witness of the Cremation (circle one) YES NO Video Witness of the Cremation (circle one) YES NO

## STEP 4: Cremation Authorization & Unclaimed Cremated Remains Policy

I/We \_\_\_\_\_ (print name) represent that I/We have the right to authorize the cremation of the Pet's remains and warrant that I/We are the

Owner or an Agent of the Owner. I/We have read and understand the description of the different available cremation processes described on the Terms and Conditions for Secure ID & Cremation Authorization document (reverse side of this document). By initialing the cremation option below, I/We authorize the following cremation by Pet Passages®:

Private Cremation: \_\_\_\_\_ Semi-Private Cremation: \_\_\_\_\_ Communal Cremation: \_\_\_\_\_

I/We have read, understand and agree with the terms and service of both this document and the Terms and Conditions for Secure ID & Cremation Authorization document. Furthermore, I/We understand and acknowledge that if my pet's cremated remains go unclaimed for a period of 90 days after the cremation, they may be disposed of in a dignified and non-recoverable manner: (such as scattering).

I/We agree to release and indemnify and hold harmless the Veterinarian, the Crematory, their successors, officers, share holders, directors, affiliates, agents and employees, from any and all liability, claims, cost or expense arising from and related to the handling, cremation and release as consistent with the directions, declarations, representations, authorizations and agreements described herein. The obligations of Pet Passages® shall be limited to the cremation of the pet as specified and authorized herein. No warranties, expressed or implied, are made and damages, if any, shall be limited to the amount of the cremation fee paid to Pet Passages®

Signature(s): \_\_\_\_\_

## STEP 5: Service Selection and Itemization

1) Cremation Option _____	\$ _____	4) Pickup/Delivery Option _____	\$ _____
2) Fur Clipping _____	\$ _____	5) Other _____	\$ _____
3) Clay Paw Print _____	\$ _____	6) Tax _____	\$ _____
Stone Color _____		TOTAL DUE _____	\$ _____

### PICK-UP & RETURN INFORMATION (completed by **Pet Passages®** Staff)

Date/Time of Pick-Up: _____	<input type="checkbox"/> Initials	Signature of Owner/Veterinarian: _____
Date/Time of Urn Delivery: _____	<input type="checkbox"/> Initials	Signature of Recipient: _____
Date/Time of Urn Delivery: _____	<input type="checkbox"/> Initials	Signature of Recipient: _____

White: **Pet Passages®**

Yellow: Recipient of pet's cremains

Pink: Veterinarian

Gold: Pet Parent