



**EMERSON PET CREMATION**  
5730 FM 1294  
Lubbock, TX 79415  
(806) 281-0751  
emersonpetcremation@gmail.com

## PET RELEASE/AUTHORIZATION FOR FINAL DISPOSITION

### PET INFORMATION

Name of Pet: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
\_\_\_\_ Dog \_\_\_\_ Cat \_\_\_\_ Other Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### AUTHORIZATION

This authorization form is required to be completed and signed prior to the final arrangements of your pet. CREMATION IS AN IRREVERSIBLE AND FINAL PROCESS. It is important that you understand the cremation process and different options available prior to signing it. We want you to fully understand the information provided in this authorization form, so we will be pleased to answer any questions you may have. After thirty days, unless other arrangements have been made, the crematory has the right to dispose of any unclaimed remains as they see fit.

I represent that I have the right to authorize the cremation of the pet's remains and warrant that I am the owner or an agent of the owner ("authorizing agent"). I understand the different available cremation processes including the final arrangement/return of cremated remains; by marking below I authorize the following:

- ☐ **PRIVATE CREMATION:** My pet is the only pet present in the cremation chamber; I shall receive my pet's remains
- ☐ **COMMUNAL CREMATION:** Multiple pets are cremated together; I will not receive my pet's remains.  
The remains will be scattered by the crematory.

I have been informed of memorial items and choose the following items:

- ☐ **STANDARD URN** (NO EXTRA CHARGE) **CIRCLE ONE:** Tree of Life Economy Scatter Tube
- ☐ **UPGRADED URN** Urn Choice: \_\_\_\_\_ Size: \_\_\_\_\_
- ☐ **CLAY PAW PRINT** ☐ **ENGRAVING** (We will need to e-mail to ensure what you would like)

The undersigned certifies the accuracy of all information on this authorization and will indemnify and hold harmless the crematory, their owners, employer and agents from any liability, cost, expenses or claims resulting from this authorization and release thereon.

**OWNER OR AUTHORIZING AGENT** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

### OFFICE USE ONLY

SPECIAL INSTRUCTIONS/PERSONAL INFORMATION: \_\_\_\_\_

PAYMENT INFORMATION: CC CHECK CASH

CC INFORMATION: DEBIT MC VISA

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_