

## **Pet Cremation Authorization**

\*\*\* (Must be completed in its entirety) \*\*\*

Name of Pet Owner \_\_\_\_\_  
Address of Pet Owner \_\_\_\_\_ Phone# ( ) \_\_\_\_\_ - \_\_\_\_\_  
Name of Pet \_\_\_\_\_ Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Type of Pet \_\_\_\_\_  
Approximate Weight \_\_\_\_\_ lbs

Name and Address of Crematory: **La Paloma Pet Cremation, 5450 Stephanie Street, Suite #115,  
Las Vegas, NV 89122 ph. (702) 739-4838 fax (702) 435-0099**

1. Cremation Authorization: The owner hereby authorizes **La Paloma Pet Cremation** to cremate the remains of the pet listed above. In providing this authorization, the undersigned represents that he or she is the Owner or Legal Representative of the Owner and has the full right and authority to arrange the cremation and the disposition of the cremated remains of the above-named Pet.
2. 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 **La Paloma Pet Cremation**.
3. Disposition of Cremated Remains: The undersigned directs **La Paloma Pet Cremation** to take the following actions with regard to the cremated remains of the above-listed Pet.
  - Hold the cremated remains until picked up by the Owner. If not picked up within fourteen (14) days of the date of death, **La Paloma Pet Cremation** may dispose of the cremated remains in any lawful manner or if storage is requested, a storage fee of \$10 per month will apply after the initial fourteen (14) days.
  - Deliver the cremated remains by certified mail to: \_\_\_\_\_  
\_\_\_\_\_
  - Return Cremated Remains to veterinarian.  
Name and address of Veterinarian: \_\_\_\_\_  
\_\_\_\_\_
  - Other: \_\_\_\_\_  
\_\_\_\_\_
4. Certification: The undersigned certifies the accuracy of all the information on this Authorization and will indemnify and hold harmless **La Paloma Pet Cremation**, their owners, employees and agents, from any liability, cost, expenses or claims resulting from the Authorization and release thereon.
5. Pacemakers and Defibrillators: The undersigned certifies that the above-named pet does not have an electronic implanted device such as a pacemaker or defibrillator and will compensate **La Paloma Pet Cremation** from any damages done to the Crematory by the explosion of such pieces of medical equipment during the cremation process.

\_\_\_\_\_  
Signed (Owner or Legal Representative of Owner)

\_\_\_\_\_  
Date