



Submitting Veterinary Hospital: _____

Owner Information

Name: _____

Address: _____

Phone: _____

Cremation Request & Authorization

Please Select a Cremation Option Below:

_____ Individual (ashes returned in standard urn)

****CIRCLE ONE CARD OPTION:** paw print–nose print–both (\$6)

_____ Communal (no ashes returned)

****CIRCLE ONE CARD OPTION:** paw print–nose print–both (\$6)

*****for cremations WITH ashes returned, if no print option is selected a paw print card will be included.***

*****for cremations WITHOUT ashes returned, if no print option is selected NO card will be included.***

Additional Services Requested:

_____ Clay Paw Print Ornament (\$25 ea.) Qty. _____

_____ Fur Clipping (\$10)

Cremation Authorization:

I, the owner/authorizing agent for _____
(pet) agree that all information contained on this form is accurate and grant my permission to Faithful Friends Pet Services to perform the cremation procedures requested above.

X: _____

Pet Information

PLEASE CONFIRM CORRECT SPELLING FOR ENGRAVING

Name: _____

Canine Feline Other: _____

Breed: _____

Colors/Markings: _____

Sex: Male -- Female Weight: _____

Special Requests:

Please visit our website to view our catalogue of urn upgrade options as well as our extensive collection of memorial keepsakes.

www.FaithfulFriendsPets.com

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