

Date: \_\_\_\_\_

**VET OFFICE RELEASE FORM**

Tracker ID # \_\_\_\_\_

**HEAVENLY PAWS  
PET AQUAMATION**

The Gentle &amp; Eco-Friendly Alternative To Cremation

3040 Business Park Drive, Suite E • Norcross, GA 30071  
678-995-9520 • HeavenlyPawsAtlanta@gmail.com  
HeavenlyPawsAtlanta.com/vet-services

Vet Hospital: \_\_\_\_\_

Vet Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, GA Zip: \_\_\_\_\_

**PET OWNER INFORMATION**

Pet Full Name:			Date of Loss:		
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____	Age:	Breed:	Weight:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Owner Last Name:		First:			
Address:					
City:		State:		Zip:	
Cell:		Email:			

**AQUAMATION SERVICE***\*Please initial your request below*\_\_\_\_\_ **Gentle Farewell Package**Bio Urn, Ink Paw Print, & Fur Clipping  
Ashes will be returned\_\_\_\_\_ **Cherished Memories Package**Photo Urn, Framed Paw Print, & Fur Clipping  
Ashes will be returned\_\_\_\_\_ **Communal Aquamation**Ashes will **not** be returned**ADDITIONAL MEMORIAL ITEMS**

Please indicate quantity of each

\_\_\_\_\_ Ink Paw Print      \_\_\_\_\_ Framed Clay Paw Print

\_\_\_\_\_ Classic Clay Paw Print      \_\_\_\_\_ Fur Clipping (if possible)

Please list any Urns or Custom Memorials Not Included in Your Package

Item Name or SKU \_\_\_\_\_

Item Name or SKU \_\_\_\_\_

**AQUAMATION AUTHORIZATION & RELEASE**

This Authorization Form is required to be completed and signed prior to the final disposition of the pet described above. I certify that I am the owner/ legal representative of the deceased pet. I give permission to authorize the process of aquamation and deposition of aquamated remains. I understand that due to the nature of this process, any valuable material will either be destroyed or not recoverable. I agree to release and indemnify Heavenly Paws Pet Aquamation, their officers, directors, agents and employees, from any claim, liability, cost or expense resulting from their reliance on or performance consistent with the directions, declarations, representations, authorizations and agreements herein. I agree that Heavenly Paws Pet Aquamation liability for negligent acts (of itself or its agents or employees) is limited to a refund of the aquamation fees paid by me. I warrant that all representations and statements contained in this form are true and correct. I have read and understood this document. **\*Please note: Heavenly Paws is not responsible for items left with pet.\***

*Print:*\_\_\_\_\_  
Owner/Legal Representative*Sign:*\_\_\_\_\_  
Owner/Legal Representative\_\_\_\_\_  
Date

CHARGE DESCRIPTION	TOTAL
Aquamation Price:	
Urn:	
Memorial Items:	
Engraving:	
Transportation Fees:	
After Hour/Holiday/Misc.:	
	Subtotal:
	Tax:
	<b>Total:</b>
HPPA Only:	PMT Status: _____ <input type="checkbox"/> Paid <input type="checkbox"/> HPPA <input type="checkbox"/> Vet <input type="checkbox"/> Home

Deceased and/or Memorial Items Returned from Heavenly Paws Care (may not apply to some services)

*Sign:*\_\_\_\_\_  
Owner/Legal Representative\_\_\_\_\_  
Date