www.petcsotd.com

Pet Cremation Services Of The Desert

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4515 E. Camino Parocela
Palm Springs, CA 92264
760-401-6700

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_____/_____/_____

PCSOTD Office Use

PET CREMATION AUTHORIZATION

Date: _____

Name of "Pet":_____ Name of "Owner"_____

Type of Pet:_____ Address: _____

Gender: Male / Female Weight: _____lbs _____

Name Plate: ____**BLOCK**
_ __*Script*

Paw Print

Phone: _____

Pet of: (If Different than "Owner": For Certificate of Cremation: example- *The Smith Family or John Smith & Jim Jones*)

_____

1. Cremation Authorization: The Owner or Legal Representative hereby authorizes the Crematory to arrange the cremation of the remains of the Pet at their facility. In providing this authorization, the undersigned represents that he or she is the Owner or the Legal Representative of the Owner and has the full right and authority to arrange the cremation and disposition of the cremated remains

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 understands it will either be destroyed or removed and disposed of by the Crematory.

3. Type of Cremation: ___ Private Cremation ___ Communal Cremation (***ASHES NOT RETURNED***)

4. _Deliver the cremated remains to: _____
   _Release the cremated remains to: _____Phone: _____
   ___Other: _____

If not picked up within thirty (30) days of the date of cremation, the Crematory may dispose of the cremated remains in any lawful manner.

5. Certification: 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.

Signature of Owner or Legal Representative: _____ Date: _____

Receipt of Cremated Remains: _____ Date: _____

Office Use:

$_____

_____

_____

_____

_____

____ Cash
____ Check
____ Card