

Pet Cremation Authorization Form

I (owner's name) _____ Phone # _____

Address: _____ City _____ Zip _____

Email: _____ have chosen



Bridge Gate Pet Cremations
P.O. Box 83, Sand Lake, MI 49343
(616) 204 – 7504
office@bridgegatepc.com

as my trusted crematorium for the cremation of my beloved pet. I authorize a representative of their company to collect:

Pets Name: _____ Age: _____

Breed: _____ M ___ F ___ Weight: _____

Clinic Name: _____

To perform: ☐ Communal ☐ Semi-Private ☐ Private: Cremation of my above-named pet.

Additional Items to be purchased:

☐ Ink Paw Prints(s) (complimentary)

☐ Ink Nose Print

☐ Clay Paw Print(s) -qty _____

☐ Fur Clippings-qty _____

☐ Keychain – qty _____

☐ Photo Eng. Keychain - qty _____

☐ Necklace -qty _____

☐ Slate-qty _____

Urn Selection: _____

Cremation	\$ _____
Ink Nose Print	\$ _____
Paw Print	\$ _____
Clippings	\$ _____
Keychain	\$ _____
Photo Eng. Keychain	\$ _____
Jewelry	\$ _____
Slate	\$ _____
Urn Eng.	\$ _____
Other	\$ _____
Total	\$ _____

As owner or duly authorized agent of the pet described above I (we) authorize the above requested services. _____

Check to opt out of text message billing.

Owner's Signature: _____ Date: _____

Received at Hospital by _____

ID Number _____

Pet Cremated remains released to: _____
Date: _____

Received at Hospital by _____

ID Number _____