

ID Number \_\_\_\_\_

Received at Hospital by \_\_\_\_\_

### 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 \_\_\_\_\_

Wooden Keychain - qty \_\_\_\_\_

Necklace -qty \_\_\_\_\_

Slate-qty \_\_\_\_\_

Urn Selection: \_\_\_\_\_

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

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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: \_\_\_\_\_