



Pet Cremation Services LLC
Affiliated with Scott Funeral Homes, Inc.

2515 Veterans Pkwy. • Jeffersonville, Indiana 47130
812.283.PETS • www.faithful-companions.com

Cremation Number

Pet Name: Parent /Owner:
Pet Type: Dog Cat Exotic Other
Address:
Weight: Gender: Age:
Date of Death Date of Pick-up: Phone: Mobile:
Veterinary Hospital: E-mail:

Packages

Cremations Packages:

- Paw Print Package
Remembrance Package
Memories Package
Immediate Pick-up
Witnessing

Owner/Hospital Signature\*

Private/Individual Cremation:

- Private
Individual
Memories Package
Urn
Immediate Pick-up
Witnessing

Owner/Hospital Signature\*

Group/Communal Cremations:

- Memories Package
Immediate Pick-up

Owner/Hospital Signature\*

\* Your signature above authorizes Faithful Companions Pet Cremation Services LLC. to perform the cremation and any other services chosen in accordance with the terms of service outlined on the reverse of this form.
\* Payment must be rendered before services are completed. Please choose one of the payment options below.

Payment Options

Billing: Bill Clinic Bill Family Arrangements:
Payment Method: Cash Check Credit Card
Credit Card number: Expiration CV2:

Faithful Companions Office Use Only

Pick-Up: Residence Hospital FC Pre-Plan:
Special Instructions:

## CREMATION AUTHORIZATION AND DISPOSITION FORM

### AUTHORIZATION

I (we), the undersigned, hereby authorize and request **Faithful Companions Pet Cremation Services LLC.**, in accordance with and subject to its rules and regulations, and any applicable state/provincial or local laws or regulations, to cremate the remains of our aforementioned companion pet on this authorization form, and to arrange for the final disposition of the cremated remains, as set forth on this form.

### AUTHORITY OF AUTHORIZING AGENT

I (we), the undersigned, hereby certify that I am the owner and closest living caretaker or that I (we) otherwise serve (served) in the capacity of guardian to the companion pet; that I (we) have charge of the remains of the companion pet and as such possess full legal authority and power, according to the laws of the state of our legal residence to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of our companion pet. In addition, I am (we are) aware of no objection to this cremation by anyone else not specified.

**I (we) have identified the remains that were delivered to Faithful Companions Pet Cremation Services LLC. as our companion pet, and have authorized the crematory to perform the cremation.**

### TIME OF CREMATION

Name of cremation facility: **Faithful Companions Pet Cremation Services LLC.**

Address: **2515 Veterans Parkway, Jeffersonville, IN 47130** Telephone: **812-283-7387**

Crematory will perform the cremation upon receipt of the companion pet, at its discretion, and according to any required waiting period, on its own time schedule, as work permits, without obtaining any further authorization or instructions. Any other arrangements for the timing of cremation must be requested in writing below.

### PERSONAL POSSESSIONS/VALUABLE MATERIALS

I have instructed the **Faithful Companions Pet Cremation Services LLC.** to remove or arrange for the removal of any personal possessions/valuable materials that I/we want. I understand that anything left with our companion pet will be destroyed in the cremation process.

If the cremated remains are not collected from **Faithful Companions Pet Cremation Services LLC.** within 60 days from the date of cremation, then **Faithful Companions Pet Cremation Services LLC.** will scatter the cremated remains in a private ceremony or in any manner permitted by law. Thereafter, the cremated remains of the companion pet shall not be recoverable.

### FOREIGN MATERIALS

I understand that all foreign materials, including non-combustible materials such as metal collars and surgical plates used for bone repair, and materials from the casket or cremation container, such as nails, fasteners, hinges, etc., will be separated and removed so that only the bone fragments remain. While every effort will be made to avoid commingling of remains, inadvertent or accidental commingling of minute particles remaining from previous cremations is a possibility, and the Authorizing Agent understands and accepts this fact.

### LIMITATION OF LIABILITY

As Authorizing Agent(s), I (we) hereby agree to indemnify, defend and hold harmless **Faithful Companions Pet Cremation Services LLC.**, its officers, agents and employees, of and from any and all claims, demands, causes or causes of action and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify companion pet or remains transmitted to Crematory, the processing, shipping and final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of companion pet or companion pet's cremated remains, or any other action performed by **Faithful Companions Pet Cremation Service LLC.**, its officers, agents or employees, pursuant to this authorization, excepting only acts of willful negligence.

### SIGNATURE OF AUTHORIZING AGENT(S)

***This is a legal document. It contains important provisions concerning cremation. Cremation is irreversible and final. Read this document carefully before signing.***

By executing this authorization form, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce crematory to cremate the companion pet remains, and that the undersigned have read and understand the provisions contained on this form.