



# Aftercare Authorization Form

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Additional Phone \_\_\_\_\_

Pet's Name \_\_\_\_\_ Species:  Dog  Cat  Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Sex:  M  F  Spayed/Neutered

Are there any veterinarians or other pet care professionals that you would like us to notify?

Business Name: \_\_\_\_\_

## After Care Arrangement Options

I represent that I have the right to authorize the cremation of the pet's remains and warrant that I am the Owner or an Agent of the Owner. I understand the description of the different available cremation processes described to me. I understand that cremation is a final and irreversible act; by signing below, I authorize the following:

I wish to have Hampton Roads Veterinary Hospice arrange for my pet's aftercare (you must select one of the following):

\_\_\_\_\_ Communal Cremation (no ashes returned)

\_\_\_\_\_ Private Cremation with ashes returned to me

Owner/Agent's (**circle one**) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_