



Name of Pet \_\_\_\_\_ Date: \_\_\_\_\_

Type of Pet: Cat: \_\_\_\_\_ Dog: \_\_\_\_\_ Other: \_\_\_\_\_ Approximate weight: \_\_\_\_\_

Type of Cremation (Please Circle one)      Private      Communal

Clay Paw Print      (Please Circle one)      Yes      No

Name of Owner: \_\_\_\_\_  
*(Please Print Clearly)*

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Cremation Authorization:** The Pet owner hereby authorizes Black Hawk Pet Cremation Services and/or its agents to arrange the cremation of the remains of the pet at their facility. In providing this authorization, the undersigned represents that he/she is the owner or legal representative of the owner and has full right and authority to arrange the cremation and the disposition of the cremated remains.

Signature of Owner or Legal Representative: \_\_\_\_\_

Date: \_\_\_\_\_