



Veterinarian Authorization Form

Please print out and fill in the information on this form, then take it to your veterinarian at the appropriate time.

Your Pet's First Name: _____

Your First and Last Name: _____

Type of Pet (dog, cat, bird, etc): _____

Date of Pet's Death: _____

Weight of pet: _____

Pet Gender (male or female): _____

Breed: _____

I hereby authorize my veterinarian to contact River Valley Gateway's Pet Crematory regarding the cremation service for my pet. Also, by signing this form, I give River Valley Gateway permission to transport my pet to their facility.

X _____
Signature of Pet Parent or Approved Representative

Date

River Valley Gateway Pet Crematory
573 25 Road, GJ, CO 81505
970-250-8493
rivervalleygateway@gmail.com