



# Crematory 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**

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