



COUNTRY CLUB ***Animal Hospital***

CERTIFICATE FOR CREMATION

PET OWNER: _____

PHONE NUMBER: _____ CELL: _____

PET'S BREED: _____ NAME: _____ PET'S COLOR: _____

SEX: _____ PET'S D.O.B. _____

I, _____, do hereby certify that I am the owner (or duly authorized agent for the owner) of the pet described above, and that I give the Doctors of Country Club Animal Hospital (CAAH), full and complete authority to dispose of my pet's body in one of the following manners:

MEANS OF CREMATION: *(YES indicates means of Cremation)*

General Cremation: _____

- A group cremation, pet's ashes ARE NOT returned to owner

Private Cremation: _____

- A private cremation, pet's ashes ARE returned to owner
- CCAH will contact in reference to urn and name plate options

Furthermore, I release the Doctors of CCAH from any and all liability for disposing of my pet's body. I do also certify that, to the best of my knowledge, my pet has not bitten any person or animal during the last (10) days, and that he/she has not been exposed to Rabies virus.

OWNER'S SIGNATURE: _____ DATE: _____

CAAH WITNESS TO SIGNATURE: _____ DATE: _____