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(place bar code here)

Cremation Authorization Form

Owner/Authorizing Agent _____ Date _____ Cremation # _____
Address _____ Pet's Name _____
Phone _____ City/State/Zip _____
Type of Pet _____ Email _____
Veterinary Hospital _____ Weight _____ Gender: Male Female

Cremation Authorization: The owner/authorizing agent hereby authorizes Thomas Pet Crematory to arrange the cremation of the remains of the pet at their facility. In providing this authorization, the undersigned represents the he/she is the owner or legal representative of the owner and has the full right and authority to arrange the cremation and disposition of the cremated remains.

Cremation Process: The undersigned acknowledges that due to the nature of the cremation process, any material on the remains of the pet, such as collars, tags, etc., will be destroyed if not removed. Accordingly, the undersigned understands it will either be destroyed or removed and disposed of by the Crematory.

Type Of Cremation: _____ Private _____ Communal (ashes not returned)

Certification: The undersigned certifies the accuracy of all information on this Authorization and will indemnify and hold harmless Watson-Thomas Funeral Home and Thomas Pet Crematory, their owners, employer and agents, from any liability, cost, expenses or claims resulting from this Authorization and release thereon. If cremated remains are not picked up within 30 days of cremation the crematory may dispose of the cremated remains in any lawful manner.

Signature of Owner/Authorizing Agent

Date/Time of Pick Up _____ by _____ Signature Owner/Veterinarian _____
Date/Time of Cremation _____ by _____
Date/Time of Urn Delivery _____ by _____ Signature of Recipient _____