

Cremation Services of West Hawaii
73-4177 Hulikoa Drive #1
Kailua-Kona, Hawaii 96740
808-329-4500

PET CREMATION AUTHORIZATION

Name of Pet: _____ ("Pet") Date: _____ ID#: _____

Type of Pet: _____ Gender: _____ Weight: _____ lbs.

Name of Owner: _____ ("Owner") Phone: _____

Address: _____

Name of Crematory: Cremation Services of West Hawaii, LLC ("Crematory")

1. Cremation Authorization: The Owner hereby authorizes the Crematory to arrange the cremation of the remains of the Pet at their facility. In providing this authorization, the undersigned represents that he or she is the Owner or the legal representative of the Owner and has the full right and authority to arrange the cremation and the disposition of the cremated remains.
2. 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 has removed any such material or, if the material is present on the Pet's remains, the undersigned understands it will either be destroyed or removed and disposed of by the Crematory.
3. Type of Cremation:
 Private Cremation Separated Cremation Communal Cremation
(ashes not returned)
4. Disposition of Cremated Remains: The undersigned directs the Crematory to take the following actions with regard to the cremated remains of the Pet:
 Hold the cremated remains until they are picked up by the Owner. If not picked up within sixty (60) days of the date of death, the Crematory may dispose of the cremated remains in any lawful manner.
 Deliver the cremated remains by certified mail to:

 Other: _____

4. Certification: The undersigned certifies the accuracy of all information on this Authorization and will indemnify and hold harmless the Crematory, their owners, employer and agents, from any liability, cost, expenses or claims resulting from this Authorization and release thereon.

Signature of Owner or Legal Representative _____ Date: _____

Receipt of cremated remains: _____ Date: _____ Time: _____
Signature