



2602 Bogart Rd. ~ Huron, OH 44839
419.433.4300 phone ~ 419.433.8747 fax
www.groffpetlossservices.com

For Office Use Only
Client ID#: _____
Cremation ID#: _____

DATE: _____ OWNER'S NAME: _____
PET'S NAME: _____ ADDRESS: _____
BREED: _____
[] M [] F WEIGHT IF OVER 100 LBS. _____ PHONE: _____
SELECT ONE: [] PAW PRINT [] NOSE PRINT

1. Cremation Authorization: I hereby grant permission to the Groff Pet Loss Services Crematory to cremate my pet. I understand that the Groff Pet Loss Services Crematory cremates each pet separately. In providing this authorization, I represent that I am the Owner of the legal representative of the Owner and have the full right and authority to arrange the cremation and the disposition of the cremated remains.

2. Cremation Process: I acknowledge that due to the nature of the cremation process, any material that remains on the pet, such as collars, tags, etc., will be removed and returned to me after the cremation.

3. Pacemakers, Implants, and Prostheses. Pacemakers, radioactive, or other implants, mechanical devices or prostheses may create a hazardous condition when placed in the cremation chamber and subjected to heat. Please list all devices which may have been implanted in or attached to your pet.

4. Certification: I certify 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, expense, or claims resulting from this authorization and release thereof.

OWNER'S SIGNATURE: _____

PICK-UP: [] VETERINARY CLINIC: _____ (no charge)
[] REMOVAL FROM RESIDENCE*: _____
[] FAMILY BRINGING DIRECTLY TO GROFF PET LOSS SERVICES
SCHEDULED DATE: _____ TIME: _____

SERVICE: (check all that apply)
[] STANDARD CREMATION (0-50 lbs) [] NO RETURN CREMATION (0-50 lbs)
[] STANDARD CREMATION (51-100 lbs) [] NO RETURN CREMATION (51-100 lbs)
[] STANDARD CREMATION (+100 lbs) [] NO RETURN CREMATION (+100 lbs)
[] EXPEDITED SERVICE*
[] PRIVATE SCHEDULED CREMATION*

RETURN CREMATED REMAINS TO: [] VETERINARY CLINIC (no charge) [] SHIPPING OF CREMATED REMAINS*
[] FAMILY AT GROFF PET SERVICES (no charge)
[] OWNER'S RESIDENCE* _____

*Please note that additional fees do apply to these services.

TRANSFER OF PET TO GROFF PET LOSS SERVICES FROM: _____
DATE: _____ TIME: _____ GROFF REPRESENTATIVE: _____

The recipient hereby acknowledges receipt of the cremated remains of the pet listed above, from Groff Pet Loss Services.

DATE: _____ TIME: _____
RECIPIENT'S SIGNATURE: _____ GROFF REPRESENTATIVE: _____

Cremation Fee: _____ Transfer Fee (s): _____ Additional Fees: _____
TOTAL: _____ Date Paid: _____ Amount Paid: _____ [] Paid in full
Cash [] Check #: _____ Credit Card Type: _____ Last 4 Digits: _____