



2602 Bogart Rd. ~ Huron, OH 44839  
419.433.4300 ~ 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: \_\_\_\_\_

**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, or 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, & 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. List all devices which may have been implanted or attached to your pet.  
**4. Unclaimed Remains:** I acknowledge that after thirty (30) days from the date of this agreement, any unpaid balances to Groff Pet Loss Services (if applicable) or unclaimed remains will result in communal cremation and/or disposition of my pet.  
**5. 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 (0-30 lbs)  NO RETURN CREMATION (0-30 lbs)  
 STANDARD CREMATION (31-60 lbs)  NO RETURN CREMATION (31-60 lbs)  
 STANDARD CREMATION (61-100 lbs)  NO RETURN CREMATION (61-100 lbs)  
 STANDARD CREMATION (+100 lbs)  NO RETURN CREMATION (+100 lbs)  
 EXPEDITED SERVICE\*  CLAY PAW PRINT\*  
 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\*

**INK PRINT:**  PAW  NOSE \*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: \_\_\_\_\_