



Midlands Pet Care, Inc.
5007 Sunset Blvd. - P.O. Box 1846
Lexington, SC 29072
(803) 356-1610
www.midlandspetcare.com

CREMATION AUTHORIZATION

The undersigned authorizes the Midlands Pet Care, Inc., in accordance with and subject to Federal, State, and Crematory rules and regulations, to cremate the remains of:

_____ (Animal) who died _____ / _____ / _____
(Animal Name) (Family Name) mm dd yy

I certify that I am related to the deceased as _____ . I have the right to authorize this cremation and disposition of the cremated remains. I understand that due to the nature of the cremation process any valuable material, including dental gold will either be destroyed or not recoverable. Any personal possessions accordingly have been either removed or may be destroyed. I further agree that I will indemnify and hold harmless Midlands Pet Care, Inc., Crematory, their officers, and employees from any liability, cost, expenses or claims resulting from this authorization and subsequent disposition. Midlands Pet Care, Inc. crematory takes no responsibility for cremated remains for the care of which no permanent provision is made within a period of 60 (sixty) days, and it is a part of the terms of this authorization that Midlands Pet Care, Inc. Crematory may dispose of cremated remains by any means or method, as and when convenient. The undersigned shall be held for rental space occupied by the remains pending the time they are permanently disposed, and interment charges, if interred.

Signature of Relative
or Legal Representative:

Witness:

Date _____

Date _____

Attending D.V. M. (Please Print): _____

"A Faithful Per Deserves a Dignified Disposition"

Ashes Returned
Yes _____
No _____

Hospital or Clinic Stamp:

Weight
