



Forever In My Heart Pet Cremation

A division of Anderson - TeBeest Funeral Home

845 Highway 212 West PO Box 97

Granite Falls, MN 56241

Tel: 1-320-564-0900

Web: foreverinmyheartpetcremation.com

Email: info@andersontebeest.com

Date/Time Received: _____ Date/Time Returned: _____

Home Vet/Clinic Brought to FIMH Home Vet/Clinic Picked up at FIMH

Pet Name: _____ Age: _____ Date of Passing: _____

Gender: Male Female Type of Pet/Breed: _____ Color: _____

Pet Owner's Name & Other Family Members:

Email Address: _____

Home Phone: _____

Cell Phone: _____

Address: _____

Vet Clinic/Hospital, if applicable (name, address, phone number):

Authorization: Cremation is an **irreversible and final process**. I represent that I have the right to authorize the cremation of the pet's remains mentioned above and warrant that I am the owner or an agent of the owner. Furthermore, I authorize Companions Forever and their staff at 233 34th Ave S. Wait Park, MN 56387 to perform this cremation process on behalf of Forever In My Heart Pet Cremation.

Release and Certification: I/We agree to release and indemnify the Crematory, agents, and employees from any claim, liability, cost, or expense resulting from their reliance on or performance consistent with the directions, declarations, representations, authorizations, and agreements herein. I/We agree that the Crematory's liability for negligent acts (of itself or its agents or employees) is limited to a refund of the cremation fees paid by me/us. I/We warrant that all representations and statements contained in this form are true and correct. I/We have read and understood this document.

Return: I understand that I must pick up the ashes within 30 days. After such time, Forever In My Heart Pet Cremation reserves the right to dispose of the ashes in a dignified manner when no provisions have been made.

Pet Disclosure: I further represent and warrant that our pet **has not bitten any person or other animal** during the past ten (10) days, is not suffering from Rabies, and has not been exposed to other animals suffering from Rabies.

X _____ Signature of pet owner, or authorized representative

Payment: Cash Check Card

Credit Card: Amex Visa M/C Discover Other: _____

Card Number: _____ Exp. Date: _____ Security Code: _____

Additional Instructions: _____
