



Veterinarian Authorization Form

Please print out and fill in the information on this form, then take it your **veterinarian** at the appropriate time.

Your Pet's First Name :

Your Family's Last Name:

The Type of Pet:
(e.g. dog, cat, bird, etc)

Date of Pet's Death:

I hereby authorize my veterinarian to contact A Beloved Friends Pet Crematory regarding the cremation service for my pet.

X _____
Signature of Relative or Approved Representative

Date _____

A Beloved Friends Pet Crematory
5325 Louie Lane #20
Reno, NV 89511
(775) 825-9900 – 24 Hours
(775) 825-9903 – FAX
woodsabfpc@att.net