



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 _____ Date _____
Signature of **Relative** or **Approved Representative**.

A Beloved Friends Pet Crematory

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