



Life Cycle Pet Cremation, Inc. dba

RADIANT HEART AFTER-CARE FOR PETS

801 W. Orchard Drive, Suite 3/Bellingham, WA 98225

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PET CREMATION AUTHORIZATION

ID Tag#: _____ Order Date: _____	Pet's Name: _____
Owner/Agent: _____	Gender: MALE / FEMALE Weight: _____ (lbs) Age: _____
Street: _____	Type: CAT / DOG / OTHER _____
City/State/Zip: _____	Description: _____
Phone(s): _____	Date of Death: _____
E-mail: _____	Cause of Death: _____
*****	How did you hear about Radiant Heart?: _____
Regular Vet Clinic: _____	_____
Where RH received pet: <u>RADIANT HEART</u>	

- I am the Owner or Legal Representative of the above named Pet and I authorize Radiant Heart After-Care for Pets to arrange for my pet's cremation.
- I understand that any material left on the remains of my pet (collars, tags, etc.) will be destroyed unless requested otherwise.
- I agree to pay for all requested products and services within 30 days of the Authorization Date, and to pick up my pet's cremated remains within 90 days of the Authorization Date. I understand that my pet's cremated remains will not be released to me until my balance is paid in full.
- **I have reviewed the document "Services & Pricing."**
- I certify the accuracy of all information on this form and will indemnify and hold harmless Radiant Heart After-Care for Pets, its owners, agents and employees from any and all liability, cost, expenses or claims in connection with the cremation and disposition of the cremated remains.

Signature of Pet Owner or Authorized Representative

PACKAGE	CREMATION	URN
STANDARD _____ (Remains Returned)	Water___ Flame___	Wood___ Eco-Friendly___ Metal___ Velvet Bag___ Other___
COMMUNAL _____ (Remains NOT Returned)	Water Only	N/A
I would also like... Clay Print _____ Ink Print _____ (Circle : Nose OR Paw OR Both) Fur Clipping in Heart Box _____ (See Services & Pricing Flyer for pricing and other options)		
I am also interested in these additional products & services:		

Radiant Heart may contact me to confirm this order. I will pay over the phone or at pick up.

Please don't contact me. I have provided payment information. Check attached CC info below

Credit Card #: _____ Exp Date: ___/___ Code: _____ Billing Zip Code: _____