



Life Cycle Pet Cremation, Inc. dba

## RADIANT HEART AFTER-CARE FOR PETS

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

360-778-9578 \* [info@radiant-heart.net](mailto:info@radiant-heart.net) \* [www.radiant-heart.net](http://www.radiant-heart.net)

### 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: _____	

- 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 or with my pet (collars, tags, toys, blankets, etc.) will be destroyed unless otherwise requested.
- I have reviewed the latest pricing on [www.radiant-heart.net](http://www.radiant-heart.net) or via the most recent printed flyer.
- **I understand that payment is required at the time products and services are requested.**
- 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

RETURN OF CREMAINS	CREMATION	URN
CREMAINS RETURNED _____	Water____ Flame____ (+\$29)	Scatter Tube (Rainbow or Mountain) _____ Wood Box _____ Aluminum Urn _____ Velvet Bag _____ Other _____
COMMUNAL (no return) _____	Water Only	N/A
I would also like... Clay Paw Print _____ Ink Print (PAW or NOSE or BOTH) _____ Fur Clipping in Heart Box _____		
I am also interested in these additional products & services:		
Would you like us to return any items left with your pet today?		

#### PAYMENT INFO REQUIRED:

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_ Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**Radiant Heart may contact me to confirm this order:** \_\_\_\_\_

**Please don't contact me** \_\_\_\_\_