



Pets at Peace - Pet Loss and Memorial Services

2375 Queen Street East, Toronto, Ontario M4E 1H2 416-699-9955 www.petsatpeace.ca

Preplanning with Pets at Peace

Pet Guardian: _____ Pets name: _____
 Address: _____ Breed: _____
 City: _____ Present age: _____ Sex: _____
 Postal Code: _____ Colouring: _____
 Phone number: _____ Approx weight: _____
 Email: _____

I request that Pets at Peace -Pet Loss and Memorial Services carry out my final wishes for my beloved pet named above.

Package A _____ Package B _____ Package C _____

Urn included with each package: Ceramic - Rose ___ Blue ___ Tan ___ Cedar ___ Oak ___ Beige Metal ___ Dark Metal ___

I may wish to choose another urn than the one provided or provide my own _____

Transfer from home or vet clinic _____

I may wish to transfer my pet to Pets at Peace on my own _____

I would like a paw print _____ I would like a Memorial Page set up _____

I would like a fur clipping _____ I request the return of surgical metals/leg bands (birds) _____

I authorize my Veterinarian Clinic (name and location) to release my pet to the care of **Pets at Peace**:

I am the pet parent/guardian of above named pet and am fully authorized to make the above arrangements

Signed: _____

Dated: _____

Please print off a copy for your records and email (helen@petsatpeace.ca) or mail us a copy – thank you