

Preplanning with Pets at Peace

Pet owner: _____ Pet's name: _____

Address: _____

Suite: _____ Breed: _____

Postal Code: _____ Present age: _____ Sex: _____

City: _____ Colour: _____

Phone number(s): _____ Approx weight: _____

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 _____

Urn choice (included with each package): Ceramic - Rose ___ Blue ___ Tan ___ Cedar ___ Light Metal ___
Dark Metal ___ or Simply Oak ___ Urn to be engraved Yes ___ No ___

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

Transfer from home or vet clinic _____ Transfer my pet to Pets at Peace on my own _____

I would like a paw print casting _____ 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 the location of your choice or mail us a copy – thank you****