

Amis Bermuda Cremation Service
Pet Cremation Authorization and Verification From

(Please Print or Type)

Pet Name: _____ Pet Breed / Type: _____ ABCS ID # _____

Weight of remains (in lbs): _____ Color: _____ Male/Female _____

Date of Death: _____ Was cause of death from infection? _____ Funeral Home: _____

Owner's Name: _____ Veterinarian: _____

Facility: _____

Owner's Address: _____

Phone Number: _____ E-mail: _____

All cremations are performed privately meaning only your pet will be placed in the cremation chamber.

COMPLETED BY AUTHORIZATION AGENT:

Disclosure and Permission (Initial Each)

___ I (We) give permission for the funeral home and / or Amis Bermuda Cremation Services to photograph our pet prior to cremation for identification purposes. We understand identification tags and a chain of custody documentation has been developed to track the remains throughout the cremation process.

___ I (We) understand that if I (we) wish to remove and / or retain any items from our pet, I (we) must do so prior to my / our pet's removal from my / our home or veterinary establishment.

___ I (We) give permission for the disposal by the crematory of metals or other non-biodegradable materials recovered to which may be affixed to my pet's remains.

___ I (We) give full permission for the incidental or inadvertent commingling of cremated remains of minute unidentifiable particles.

___ I (We) are aware of the possibility of little or no remains with cremation of pets less than 3 pounds

I (we) certify that I (we) have legal authority to arrange for the cremation and disposition of the above pet. I understand cremation is irreversible and all non-combustible materials delivered with the pet remains will be disposed of. I (we) hereby agree to indemnify and keep harmless Amis Memorial Chapel and Amis Bermuda Cremation Service and its representatives for and from all liability due to said authorization, cremation and disposition of the cremation remains.

Authorization Agent / Client Name (Print)

SIGNATURE

DATE

COMPLETED BY AUTHORIZATION AGENT OR VETERINARIAN FACILITY

Mechanical radioactive devices or implants in one's pet may create a hazardous condition when placed in the cremation chamber. All animal pacemakers and radioactive implants must be removed by a veterinarian prior to delivery of a pet to Amis Bermuda Cremation Services. In the case where the pet's death is due to an infectious / contagious disease and considered contaminated Amis Bermuda Cremation Services should be made aware.

Death due to infectious/contagious disease

Pacemaker

Radioactive Implant/Treatment

COMPLETED BY FUNERAL HOME REPRESENTATIVES

Verify the following by checking the appropriate boxes:

- Photo ID of pet provided All Personal items have been removed
Death within 24 hrs Death within 24 to 48 hrs Death > 48 hours
Not Refrigerated Refrigerated within 4 hours of death

COMPLETED BY FUNERAL HOME AND ABCS REPRESENTATIVES

My signature acknowledges that all information required to proceed with the cremation of the above mentions pet (s) has been verified and said animal remains are ready to be cremated in accordance with any applicable laws and within the Amis Bermuda cremation Service' guidelines, policies and procedures. We have viewed the animal (s) and hereby confirm that the animal remains are that of the decedent listed on this form.

Funeral Home Representative's Signature / Print Name Date

ABCS Representative's Signature / Print Name Date

This form also serves as a receipt acknowledging the delivery of the decedent to Amis Bermuda Cremation Services. A copy can be provided to the funeral home listed on this form upon request.