



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 * www.radiant-heart.net

PET CREMATION AUTHORIZATION

ID Tag#: _____ Authorization Date: _____	Pet's Name: _____ (Spelling checked? Y/N)
Owner/Agent: _____	Gender: MALE / FEMALE Weight: _____(lbs) Age: _____
Street: _____	Type: CAT / DOG / OTHER _____
City/State/Zip: _____	Breed: _____
Phone(s): _____	Cause and Date of Death: _____
E-mail: _____	_____
Regular Vet: _____	
Referred By: _____	

- 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 documents "Services & Pricing" and "Comparison Chart."**
- 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 my pet's cremated remains to me. 1) Water Cremation___ Flame Cremation___ 2) Wood Urn___ Bio Urn___ Other: _____ 3) After-Care Package? Y N 4) If YES...Ink Print: Nose Paw Both (+\$35)	___ I don't want my pet's cremated remains. 1) After-Care Package? Y N 2) If YES...Ink Print: Nose Paw Both (+\$35)
--	--

I am 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: _____ Bill Zip: _____