

# Cape Coral Pet Crematory, LLC.

950 Country Club Blvd, Cape Coral – Florida – 33990

Phone 239-574-7400 [Info@CapeCrematory.com](mailto:Info@CapeCrematory.com) [www.CapeCoralPetCrematory.com](http://www.CapeCoralPetCrematory.com)

**Cremation Authorization # \_\_\_\_\_**

\* Name: \_\_\_\_\_

\* Phone: \_\_\_\_\_ - \_\_\_\_\_

\* Address: \_\_\_\_\_

I hereby certify that I am the legal owner or designated representative of the legal pet owner, to authorize the Cape Coral Pet Crematory, LLC. To cremate the following pet:

\* Pet Name: \_\_\_\_\_ \* Male \* Female

\* Pet Type/Breed: \_\_\_\_\_ \* Approx. Weight-lbs. \_\_\_\_\_ \* Color: \_\_\_\_\_

\* Cremation Type: Private Group NO Return of Ashes

Special Instructions: Urn Style: \_\_\_\_\_ -\$:

\_\_\_\_\_ Name Plate -\$:

\_\_\_\_\_ # \_\_\_\_\_ Paw Print -\$:

\_\_\_\_\_ Home Removal -\$:

\_\_\_\_\_ -\$:

How did you learn about our service: \_\_\_\_\_ Total -\$:

Paid-\$ \_\_\_\_\_ cash/ card/ check# \_\_\_\_\_ Dep \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Balance owed:

Your typed signature below represents your electronic signature and is an Authorization for Cremation and Final Disposition hereby authorizing us, the CCPC to carry out your desired wishes, and confirms your responsibility for full payment in accordance with the terms of services outlined in the second page of this form.

Owner ID - DL: \_\_\_\_\_ CCPC by \_\_\_\_\_

\* Date: \_\_\_\_\_ \* Signature: \_\_\_\_\_

Urn Return Receipt Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## Terms and Conditions for Cremation Authorization Form & Final Disposition Agreement

I understand and agree that by signing on the reverse side of this page I fully agree with the following:

I hereby certify that I am the legal owner or designated representative of the legal pet owner.

I have authorized the Cape Coral Pet Crematory, LLC. (Herein called "CCPC") and/or one of its affiliated companies to care for my pet as indicated on the reverse side of this page.

If I have chosen to have the cremated remains (herein called "cremains") returned to me, I understand that this will be a Private Cremation that will include my pet having a unique identification number that will accompany my pet throughout the removal and cremation process to insure the integrity of the private cremation.

I understand that the CCPC will hold the cremains for no longer than thirty (30) days, during which time I or someone on my behalf will retrieve them or arrange for their returns.

If no arrangements are made for the final disposition, release or shipment of the cremains or if the CCPC is unable to contact me using the information I have provided, I agree that the CCPC have the right to:

A.) Charge me a daily storage fee of US-\$ 1.-/day;

B.) Dispose of the cremains in accordance with the local ordinances and/or per discretion of the CCPC.

If I have chosen not to have my pets cremains returned to me, I understand that my pet will become part of a **Group / Communal Cremation without returns of cremains.**

**I understand that these cremains will be irretrievable** and will be properly disposed of in accordance with local ordinances and/or discretion per of the CCPC.

I hereby release and shall indemnify and hold harmless the CCPC and its successors, assigns, sister, parent and subsidiary companies and their respective officers, directors, shareholders, employees and agents from any and all liability, claims, suits damages arising from or relating to the handling, cremation, processing and release of my pet and/or my pets cremains.

I acknowledge that the CCPC did offer me and/or supply me with a full copy of this Cremation Authorization Form & Final Disposition Agreement.

I understand and agree that the CCPC's liability arising under this agreement shall be limited to, and shall not exceed the amount paid to the CCPC for my pet's cremation and, further that the CCPC shall not be responsible for any indirect, incidental, special or consequential damages I/we, my family, my affiliates or companions may suffer or claim, including without limitation, damages for emotional distress.

I acknowledge that the CCPC shall not be liable for any loss or delay resulting from any events outside of its control, including without limitation, acts of god, fire, national disaster, terrorism, war, labor stoppage or material shortage.

I agree that this Cremation Authorization Form & Final Disposition Agreement shall be governed by the laws of the State of Florida. Court appointment shall be Lee County / Ft. Myers, Florida.

In the event that CCPC or its representatives have to initiate a collection against me, I agree to pay the costs of the collection, including attorneys' fees, accumulated storage fees and lost or accumulated wages and fees for the CCPC.

\* Date: \_\_\_\_\_ \* Signature: \_\_\_\_\_

.....Please check this box signifying that you understand that your typed signature above is your electronic signature and is further a legally binding acceptance of the terms and conditions as contained herein " U @ .