PET CREMATIONS



PO Box 80, Victor Harbor SÁ 5211

Ph: 08 8552 6356

Web: www.paws2reflect.com.au Email: info@paws2reflect.com.au

Authorisation Form

OWNER DETAILS						
Name:						
Address:						
Postal Address:						
Telephone:	Home:		Mobi	ile:		
Email:						
Signature:				D	ate:	
PET DETAILS						
Name: Pet Type: Sex: Breed:	☐ Male	☐ Female	☐ Other:			
Pick-up Address:						
Delivery Address:						
CREMATION SERV	/ICE REQ	UIRED				
□ Cremation a □ Cremation a □ Cremation a □ Key Ring w □ Garden Me	and ash retu and ash retu and ash retu ith Ash Keep morial	rn in Forget-M rn in Urn rn in Scatter osake Pewter		paw print	Colour	
Engraving on Name Pla	te:					
Payment By:	☐ Cheque		□ Cash		EFT	
OFFICE USE P2R	Owner P	et Arrived:	/ /	Pet	Returned:	/ /
Cremation Service	Transport \$	Other	'S	Invoice \$	e Total	