



Bridge Gate
Pet cremations

Pet Cremation Authorization Form

I (owners name) _____ Phone # _____

Address _____ City _____ Zip _____

have chosen

Bridge Gate Pet Cremations
P.O. Box 83, Sand Lake MI 49343
(616)204-7504
bridgategatepc@gmail.com

as my trusted crematorium for the cremation of my beloved pet.

I authorize a representative of their company to collect

Pets Name: _____

Age: _____ M/F _____ Breed _____ Weight _____

From

Clinic Name : _____

To perform : Communal Semi Private Private

Cremation of my above named pet.

Ink Paw Print(s) Clay Paw Print(s) Fur Clippings

Keychain Necklace Slate

Urn Selection _____

Cremation	\$ _____
Paw Print	\$ _____
Clippings	\$ _____
Keychain	\$ _____
Jewelry	\$ _____
Slate	\$ _____
Total	\$ _____

Client Authorization

Owners Signature : _____

Date: ____/____/____