



## Pet Companion Aftercare **Pre-Planning**

### Pet Companion Parent

First Name	Last Name
Street Address	
Address Line 2	
City	Zip code
Your Email Address	Phone #

### Pet Companion

Pet Companion's Name	Approximate Age
Weight	Gender
Estimated Date of Service	
Breed (Check One)	
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Rabbit <input type="checkbox"/> Bird	
<input type="checkbox"/> Mouse/Rat/Gerbil/Hamster <input type="checkbox"/> Lizard <input type="checkbox"/> Ferret <input type="checkbox"/> Other: _____	

### Veterinary Hospital

Primary Care Veterinary Hospital
Veterinary Hospital Contact Email

### Requested Services

<b>Aftercare Services</b>
<input type="checkbox"/> Private Cremation <input type="checkbox"/> Communal Cremation <input type="checkbox"/> Clay Paw Print
<input type="checkbox"/> Ink Paw Print (framed)
<b>Removal &amp; Transportation Services</b>
<input type="checkbox"/> Veterinary Hospital <input type="checkbox"/> Home
<b>Additional Services</b>
<input type="checkbox"/> Witnessed Cremation <input type="checkbox"/> Same-day Cremation

*Additional Information:*