

Pines Pet Cemetery and Cremation Center

Client Intake-Cremation

(Please bring to the pines with Pet or Send Via Email to PinesPetCemetery@centurylink.net)

We will contact you to confirm and finalize arrangements

Owner Name _____

Address _____

City _____ State _____

Zip _____

Home Phone _____

Cell Phone _____

Email _____

Pet Name _____

Type of Pet _____

Gender _____

Breed _____

Dominate Colors _____

Weight _____

Do you need us to pick up your pet from a Vet Clinic/Hospital?

Vet Clinic Name _____

Would you like us to Return your pet's Cremains to the Vet Clinic Above or would you

Like to pick up the cremains at the Pines? (circle One)

Return to Clinic or Pick up at Pines

Would you like any Pet Memorabilia? (Ex: Clay Paw Print____2____)

(All Ink and Clay Prints Must Be Picked Up at the Pines)

Hair Clipping _____ Clay Paw Print _____ Ink Paw Print _____

Clay Nose Print _____ Ink Nose Print _____

Special Request (Ex: Save Collar)

