

Pets At Rest, Memorial Gardens. Comfort, Care & Choices.

After Life Choice Authorisation

Please complete this Authorisation Certificate and hand it to your veterinary clinic. This will ensure that all parties clearly understand your instructions for the care of your pet.

If you have a spare photo of your loved one, please include it with This Authority and/or email it to us.

Most important details:

Pet's name: _____

Pet's D.O.B: _____ **Pet's date of passing:** _____

Your pet's description and any special items - to be collected with them: _____

Veterinary Clinic:

Name: _____ **E-mail:** _____

Please indicate all Services required.

Support options, Burial Options, Cremation Options, Memorials.

Your particular concerns: _____

Owner details:

Name: _____

Address: _____

Telephone: _____

