

Australian Pet Cremations

 1300 272 225

Please complete all 4 sections below with your requests.

Tracking No.

APC office use

Step 1 – The Owner

Owner's Full Name _____

Address _____

Suburb _____ State _____ PC _____

Phone _____

Email _____

Step 2 – The Pet

Pet's Name _____

Breed _____

Dog Cat Other _____

Male Female

Age _____ DOD _____ Approx Weight _____

Step 3 – Cremation Service Required

- Cremation only. A.P.C. will scatter the ashes
- Cremation with ashes returned for scattering
- Cremation with ashes returned in timber urn
- Cremation with ashes returned - special request see below

Special requests/engraving _____

I consent to the cremation of the above pet and services as specified above

Signature _____

Date _____

Step 4

Form completed by Family Vet Staff

Please print your name _____