Authorization for **Individual** or **Group** *(circle one)* **HydroCremation**

- HydroCremations at the Cornell College of Veterinary Medicine are performed using the alkaline hydrolysis process, a water-based alternative that yields the same dry powdered remains (ashes) as cremations by incineration.
- Ashes will be returned only to the individual or organization named in the Authorization Statement below, unless indicated otherwise in the Delivery Instructions.
- Ashes from individual hydrocremations are returned in sealed plastic bags inside either a white paperboard box or a wooden urn (additional charges apply). Ashes from group hydrocremations are landfilled along with other ash from Cornell.
- Payment for cremation (and shipping, if applicable) must be received before the service will be performed. Payment may be made by check or credit card. – see Payment Information.

**Pet & Owner Information**

Pet Name: ________________________________________ Species: ___________________

Owner Name: ________________________________________ Vet College Employee? __yes __no

Owner’s County of Residence: __________________________ State: __________

**Delivery Instructions for Ashes from Individual Hydrocremations** *(Check One)*

- ____ Ship via UPS Ground to the address at right:
- ____ Hold for pickup by owner or authorized agent. (Call 607/253-3288 to make an appointment M-F 8am-3 pm.)

**Payment* Information**

* Either attach a check (to “Cornell University”) or call 607-253-3288 M-F 7:00am - 3:30pm credit card (VISA/MC/AMEX/Discover)

- HydroCremation $________
- Shipping $________
- Urn (optional) $________
- Total $________

**Authorization Statement**

I, the undersigned, am the owner or the duly authorized agent for the owner of the pet identified on this form. I agree to the conditions and payment information stated above and hereby release the Cornell College of Veterinary Medicine, their agents and representatives, from any and all liability for this pet. To the best of my knowledge, the animal described above has not bitten, scratched, or otherwise potentially exposed any person or other animal to rabies in the past 30 days (10 days if dog, cat, or ferret). I hereby grant the Cornell College of Veterinary Medicine authorization to *(check one)* **individually hydrocremate and return** or **group hydrocremate and dispose of** the remains of the pet identified on this form.

**Owner or Agent Name**

Signature *(required)*

**Date**

**Cornell Representative Signature**

Received (Local / Delivery): _WMF _ Necropsy _ Other

Date __/__/__ 

Necropsy ID or Ticket # __________

Revised November 2016