



Authorization for (circle one) Individual or Group 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 must be received before services will be performed - see Payment Information.
- Individual hydrocremation ashes will be landfilled if payment is not received within six months.

Pet & Owner Information

Pet Name: _____ Species: _____
 Owner Name: _____ Vet College Employee? yes no
 Owner's Email : _____ County of Residence: _____ State: _____

Delivery Instructions for Ashes from Individual Hydrocremations (Check One)

Ship via UPS Ground to the address at right: _____
 Name (Enter "Owner" if applicable) _____ Telephone _____
 Hold for pickup by owner or authorized agent.
 (Call 607/253-3288 to make an appointment M-F 8am-3 pm.)
 Street Address (Note: UPS will not deliver to P.O. boxes) _____
 City _____ State _____ Zip Code _____

Payment* Information

*Either attach a check (to "Cornell University") or call 607-253-3288
 M-F 7:00am - 3:30pm for 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): <input type="checkbox"/> WMF <input type="checkbox"/> Necropsy <input type="checkbox"/> Other Date ____/____/____ Necropsy ID or Ticket # _____	