



AFTER CARE AUTHORIZATION FORM

Please complete the information below and indicate an after-care preference for your deceased pet.

- Owner or;**
 Authorized Agent

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Description of Animal:

Name of Animal: _____ Microchip Number: _____

Age: _____ Breed: _____ Sex: _____ Colors/Markings: _____

Aftercare Options (initial one):

I wish to have the remains of the above-described animal privately cremated and **returned to me**. I understand that I am fully responsible for making arrangements and payment with a cremation service and ensuring the remains are picked up by the cremation service within in the next 7 days.

I give permission for Franklin County Animal Care and Control to have the remains disposed of the above-described animal and **not returned to me**.

Signature: _____

Date: _____

----- **FOR OFFICE USE ONLY** -----

Person ID: _____ Animal ID: _____ Clerk First & Last Name: _____