



ANIMAL M^oTEL

Doggy Day Care * Boarding * Training * Grooming * Pet Travel & Relocation

Golden Age Information Sheet

We ask for the following information in the unlikely event of a death for any pet that is over 8 years of age or that is in poor health.

Owner's Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Pet's Name: _____

Pet's Birthdate: _____

Breed: _____

Vet Clinic: _____

Preferred Veterinarian at above clinic: _____

Instructions

Hold Remains For Home Burial

Individual Cremation

Hold

or

Dispose

Group Cremation

Hold

or

Dispose

Print: _____

Signature: _____

Date: _____

Submit

13175 W. Silver Spring Rd Butler, WI 53007
Phone: (262) 781-5200 Fax: (262) 781-3543

File ID Number