



Individual Cremation Request

Collect from _____

Burial ? (please tick if burial)

Fax to 9248 7566

Owner's First Name _____ Surname _____

Home Phone _____ Work / Mobile _____

Residential Address _____

Suburb _____ 6 _____

Alternative contact: _____

Pet's Name _____ Sex _____ Breed _____ KG _____

Date of death: ___/___/___ Client has been given brochure Y / N

Not essential but helpful info: Age ___ Died of _____

Notes:

Clinic Staff: To save time you can print a 'Client summary' off your clinic system and fax it to us instead of using this form, as long as it has the information above. Some clinics have even set up a word document using an electronic copy of this form as a template and email us automatically from their system.

The rest of this form is for Lawnswood's internal use

___ First spoke to owner ___/___/200___ Time _____ Posted info ___/___/___

Driver: _____ SMS _____ Time _____ Collect Pet ___/___/___

Person advised at vet _____ Date ___/___/___ Time _____

Cremation Returned / Scattered @ Lwd / Placed in Z-___ OR **Buried** in site _____

Base \$ _____ Travel \$ _____ Plaque / Wooden Box / Urn \$ _____ Extra Engraving \$ _____

Cash / Cheque / \$ Order / EFT / Credit Card Amount \$ _____

Credit Card # _____ Expiry: _____ / _____

No engraving - Niche box (Sealed) (Unsealed) - Drawstring

Notes: