Willowrock Pet Cemetery and Crematorium Engagement of Services

Name:		Pet's Name:		
Address:		Dog/Cat/Other?		
Phone:	Cell:	Cell: Is your pet wearing a collar?		
Email (for invoice]	purposes):			
	•	iliated with the Veterinary Cli of our services. (please initial)	nics, we wi	ll contact you
I / We hire Willown	rock Pet Cemetery to fulfill th	ne following services: (Check the	e applicable	spaces)
to conduct to conduct to conduct to collect a to make an to make a f	a private cremation a private burial a communal cremation sample of our pet's hair and	- ·		•
specifically reques	sted to do so.	or the return of collars, blanked		
		lient initial to show information	•	
I / we agree to the	se terms and conditions and	take responsibility for all fees	::	
Signature		Date		
CONTACT INFO	RMATION:	HOURS OF OPER	ATION:	
Erika Peterson		Phone Lines: Monday-Friday 10am-5pm		
Box 1497 Beaverlodge, AB T0H 0C0		Closed weekends and Holidays		

Appointment only

780-518-7124

willowrock92@gmail.com

www.willowrockpetcemetery.ca