



KMV and Friends Pet Sitting

Your pet's other best friend

Deceased Pet Agreement

one per pet

In the unfortunate event that your pet passes while in our care, please select what you'd like done with their remains.

Name of Pet: _____

Initial your option

_____ Home Burial- specify storage location _____

_____ Cremation (keep remains)

_____ Vet disposal *only an option for pets who pass at the clinic

Pet Owner Signature

Date

Pet Owner Signature

Date