Treasured Paws, Inc.

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www.treasuredpaws.com

… because paw prints have been left on your heart

Invoice #:

Client Name: Date:

Client Address: City: Zip:

Client Phone: Pet's Name: Pet's Weight:

Ashes Returned	Weight	Ashes Scattered
	< 20 #	
	21 - 40 #	
	41 - 60 #	
	61 - 80 #	
	81 - 100 #	
	> 101 #	

Clinic Name: _____

Address: _____

_____

Phone: _____

_____ Please return my pet's ashes in your standard container at no additional charge. Cremation $ _____

_____ Please return my pet's ashes in the following urn: Urn Item # _____ Urn $ _____

Special Engraving (if applicable - PLEASE PRINT): Special Engraving Charges $ _____

_____ 8.25% Sales Tax (Urn/Engraving only) $ _____

_____ Urn purchases add $10 Shipping _____

_____

_____

Method of Payment (please circle one): Cash Check Visa MasterCard Discover Amex Total $ _____

Check # or Credit Card #: Expiration Date:

Client Signature

Office Use Only: **ID Tag #:** **Cremation Date:** **QB:** **Env:**

Treasured Paws, Inc. Copy - White Clinic Copy - Pink Client Copy - Yellow