



Cornell University  
College of Veterinary Medicine

**HydroCremation  
Service**  
Cornell University  
Schurman Hall, Box 2  
Ithaca, NY 14853-3901

Telephone: 607 253-3288  
Fax: 607 253-4488  
E-mail: jpj22@cornell.edu  
www2.vet.cornell.edu/  
hospitals/services/  
hydrocremation

Authorization for (check one)  **Individual** or  **Group HydroCremation**

- HydroCremations at the Cornell College of Veterinary Medicine are performed using the alkaline hydrolysis process, a water-based alternative that yields the same dry powdered remains (ashes) as cremations by incineration.
- Ashes will be returned only to the individual or organization named in the Authorization Statement below, unless indicated otherwise in the Delivery Instructions.
- Ashes from individual hydrocremations are returned in sealed plastic bags inside either a white paperboard box or a wooden urn (additional charges apply). Ashes from group hydrocremations are landfilled along with other ash from Cornell.
- Payment for cremation (and shipping, if applicable) must be received before the service will be performed. Payment may be made by check or credit card. – see Payment Information.

Pet & Owner Information

Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_ Vet College Employee?  yes  no  
 Owner's County of Residence: \_\_\_\_\_ State: \_\_\_\_\_

Delivery Instructions for Ashes from Individual Hydrocremations (Check One)

Ship via UPS Ground to the address at right: \_\_\_\_\_  
 Name (Enter "Owner" if applicable) \_\_\_\_\_ Telephone \_\_\_\_\_  
 Hold for pickup by owner or authorized agent.  
 (Call 607/253-3288 to make an appointment M-F 8am-3 pm.)  
 Street Address (Note: UPS will not deliver to P.O. boxes) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Payment\* Information

\*Either attach a check (to "Cornell University") or call 607-253-3288 M-F 7:00am - 3:30pm credit card (VISA/MC/AMEX/Discover)

HydroCremation \$ \_\_\_\_\_  
 Shipping \$ \_\_\_\_\_  
 Urn (optional) \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

Authorization Statement

I, the undersigned, am the owner or the duly authorized agent for the owner of the pet identified on this form. I agree to the conditions and payment information stated above and hereby release the Cornell College of Veterinary Medicine, their agents and representatives, from any and all liability for this pet. To the best of my knowledge, the animal described above has not bitten, scratched, or otherwise potentially exposed any person or other animal to rabies in the past 30 days (10 days if dog, cat, or ferret). I hereby grant the Cornell College of Veterinary Medicine authorization to (*check one*)  **individually hydrocremate and return** or  **group hydrocremate and dispose of** the remains of the pet identified on this form.

Owner or Agent Name \_\_\_\_\_ Signature (**required**) \_\_\_\_\_ Date \_\_\_\_\_

**Cornell Representative Signature** \_\_\_\_\_ Received (Local / Delivery):  WMF  Necropsy  Other  
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Necropsy ID or Ticket # \_\_\_\_\_