



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: jjp22@cornell.edu
<https://www.vet.cornell.edu/hospitals/services/hydrocremation>

Authorization for (*circle 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 must be received before services will be performed - see Payment Information.
- Individual hydrocremation ashes will be landfilled if payment is not received within six months.

Pet & Owner Information

Pet Name: _____ Species: _____
Owner Name: _____ Vet College Employee? ☐ yes ☐ no
Owner's Email : _____ 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 for 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
Received (Local / Delivery): <input type="checkbox"/> WMF <input type="checkbox"/> Necropsy <input type="checkbox"/> Other Date ____/____/____ Necropsy ID or Ticket # _____		
Cornell Representative Signature		